Nebraska Department of Health and Human Services (DHHS)
Division of Public Health

Request for Applications (RFA)

Application Cover Sheet

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RFA #	RELEASE DATE
RFA 21734-Y3	**May 1, 2014**
APPLICATION DEADLINE	**POINT OF CONTACT**
July 1, 2014, 5:00 p.m.	**Rayma Delaney**

This form is part of the specification package and must be signed and returned, along with application materials, by the application deadline.

PLEASE READ CAREFULLY!

PURPOSE, PROJECT PERIOD and FUNDING SOURCE

Nebraska Department of Health and Human Services (DHHS), Division of Public Health, Lifespan Health Services, is issuing this Request for Applications (RFA), RFA # 21734-Y3 for the purpose of selecting qualified Subrecipients for Nebraska's Maternal and Child Health Block Grant.

Funding Source: **Title V / Maternal & Child Health Services (MCH) Block Grant Program**
U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Maternal and Child Health Bureau (MCHB)
CFDA #93.994 awarded to Nebraska Department of Health and Human Services (DHHS)

Pass through: Nebraska Department of Health and Human Services (DHHS)
Division of Public Health

Project Period: October 1, 2014 through September 30, 2016

Electronic RFA: http://dhhs.ne.gov/Pages/grants_loans.aspx

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APPLICANT MUST COMPLETE THE FOLLOWING

By signing this Application Cover Sheet, the Applicant guarantees compliance with the provisions stated in this Request for Application, the terms and conditions, and performance of the project as described in the approved application.

ORGANIZATION: _____

COMPLETE ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

SIGNATURE: _____

TYPED NAME & TITLE OF SIGNER: _____

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Section 1 – Description of Maternal and Child Health (MCH) Subgrant

1.01 Background

1.01.1 History, Statutory Requirements and Appropriation

The Title V / Maternal and Child Health (MCH) Services Block Grant, or more commonly known as Title V / MCH Block Grant, is one of the oldest federal funding sources to ensure the health of our Nation's mothers and children. Since passage of the Social Security Act in 1935, the Federal Government has pledged its continuous support of Title V of the Act, making Title V the longest lasting public health legislation in United States history.

The MCH Block Grant program was created by the Omnibus Budget Reconciliation Act (OBRA) of 1981. Under that legislation, a number of categorical grants programs were consolidated into the single MCH Block Grant program. Extensive amendments to the authorizing statute in 1989 increased State programmatic and fiscal accountability under the program.

States and jurisdictions are allocated funds based on a formula. The objective of the grants to States under the MCH Block Grant program is to provide funds for the improvement of the health of all mothers and children consistent with applicable health status goals and national health objectives established under the Social Security Act.

A state's acceptance of federal Title V / MCH Block Grant funds imparts responsibility to assure the health of all mothers and children in the state; to systematically assess health needs and determine health priorities; to develop systems that build capacity across the state to address these priority needs; and to be accountable for programs and services and their outcomes. States must identify their specific health needs of the population through a five-year statewide needs assessment; submit an annual plan for meeting the needs identified by the statewide needs assessment; and report annually on performance measures. States must match three dollars to every four dollars of Title V / MCH Block Grant funds, thereby creating a Federal-State Partnership. Also, States must use at least 30 percent for preventive and primary care services for children (defined as a child from 1st birthday through the 21st year), and at least 30 percent for services for children with special health care needs (CSHCN), and no more than 10 percent for administration. For more information, visit http://www.ssa.gov/OP_Home/ssact/title05/0500.htm.

DHHS routinely reconsiders its investment decisions of Title V / MCH Block Grant, which includes subgrants to support community-level activities that address priorities identified in the five-year needs assessment. Subgrants are the focus of this RFA.

A challenge over the past decade or more has been a real reduction in the Title V/MCH Block Grant appropriation, as well as inflationary erosion of the Block Grant's buying power. DHHS has considered the diminishing availability of Block Grant funds in making investment decisions. More recently, Congressional delays in finalizing appropriations and the uncertainty of future funding levels contributed to a disruption in DHHS's established, predictable three-year cycle for the subgrant portion. The decision to again announce a two-year funding period in this RFA is a

reflection of current climate to predict as accurately as possible the level and timing of federal appropriations of the Block Grant.

1.01.2 Administration

At the federal level, the Title V/MCH Block Grant (CFDA #93.994) is administered by the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), a component of the U.S. Department of Health and Human Services (HHS). The State health agency is responsible for the administration of programs carried out under Title V. For Nebraska, this is the Department of Health and Human Services, Division of Public Health.

1.01.3 Governing Authority

The MCH Block Grant is authorized under the Omnibus Budget Reconciliation Act (OBRA) of 1981 and codified at 42 USC 701-709. The implementing regulations for this and other HHS block grant programs are published at 45 CFR 96. Under 45 CFR 96.30, a State may adopt its own written fiscal and administrative requirements for expending and accounting for block grant funds. Nebraska DHHS defers to the federal Office of Management and Budget (OMB) Circulars rather than adopting a state version for requirements for cost and administrative principles. Compliance flows through to subrecipients of Nebraska's Title V / MCH Block Grant.

Recent reform of federal grants management policies consolidates and revises the eight current OMB Circulars into the new **Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards**, published by OMB in the December 26, 2013 *Federal Register*. The Final Guidance is available at http://www.gpo.gov/fdsys/pkg/FR-2013-12-26/pdf/2013-30465.pdf. Upon its implementation (Federal agencies have one year from issuance), reference to the existing Office of Management and Budget (OMB) Circulars A-21, A-87, A-110, A-122, A-89, A-102, A-133, and A-50 will change. Supporting resources are available to crosswalk from the eight existing Circulars to the Final Guidance, and to help familiarize yourself with the revisions that will impact your organization. For more information, see Appendix 1: Statutory and Regulatory Compliance.

1.02 Description of Work and Services

1.02.1 Purpose

The Title V/MCH Block Grant is a non-categorical federal program, i.e. it is expansive in scope and practice rather than limited to narrowly-defined activities to certain eligible persons. Title V/MCH has many subpopulations, e.g. pregnant women, infants, children (including adolescents), children with special health care needs, women of childbearing age, and their families using a family-centered care approach. **Under this RFA, there is a preference for applications that address children.** *Children are defined as a child from 1st birthday through the 21st year, who is not otherwise included in any other class of individuals.* (Note: pregnant teens are categorized as Pregnant Women, not Children. See definition of Pregnant Women in the *Glossary* (Appendix 3).

In Nebraska, Title V/MCH Block Grant is not a single program, but rather a significant funding source to support a variety of programs, services, and activities to achieve the federally defined purposes and to address State-identified priorities. Although the Title V/MCH Block Grant remains a sizable funding source, it is a finite resource to address the many maternal and child health needs within our state.

1.02.2 Type of Projects/Services

For this next subgrant funding cycle, DHHS seeks applications that meet **all** of the following **minimum criteria for types of projects**, described below:

Required Minimum Criterion #1: **Projects must substantively address one or more of Nebraska's ten MCH/CSHCN priorities as identified in the Five-Year Comprehensive Needs Assessment completed in 2010.** The full report is found at http://dhhs.ne.gov/publichealth/Pages/lifespanhealth.aspx.

Nebraska's MCH/CSHCN identified priorities listed below are numbered for reference, not for ranking:

1. Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight.
2. Improve the reproductive health of youth and women by decreasing the rates of STD's and unintended pregnancies.
3. Reduce the impact of poverty on infants/children including food insecurity.
4. Reduce the health disparities gap in infant health status and outcomes.
5. Increase access to oral health care for children and CSHCN.
6. Reduce the rates of abuse and neglect of infants and CSHCN.
7. Reduce alcohol use and binge drinking among youth.
8. Increase quality of and access to perinatal health services, including pre/interconception health care, prenatal care, labor and delivery services, and postpartum care.
9. Increase the prevalence of infants who breastfeed exclusively through six months of age.
10. Increase access to Medical Homes for CSHCN particularly for those with functional limitations.

Required Minimum Criterion #2: The application must clearly demonstrate and address that local needs have been identified through a **valid community needs assessment conducted or updated within the past five years which justifies or supports the chosen MCH/CSHCN priority(ies).** Applications that do not present strong evidence of local needs that are also State-identified MCH/CSHCN needs, despite all other minimum criteria adequately addressed in the application, are not fundable.

Required Minimum Criterion #3: Because of the relatively short two-year project period, **fundable projects under this RFA must not require extended start-up time or effort**. To meet this criteria, projects could be one or more of the following three types:

1. Enhancement of a current service or activity;

2. Continuation of a project for which other sources of support have or will be discontinued prior to the project period;

3. Infrastructure building or enhancement activities that can be implemented within 60 days of subgrant award.

Subgrants under this RFA shall not replace a service or activity that is supported by other means. Under no circumstances will applications that would replace existing support from non-federal sources be considered for funding due to federal rules on supplanting.

In addition to the minimum criteria, **additional points are possible** for an application in which children are identified as the exclusive target population with the subgrant funding request. This means that 100% of the Desired Outcome(s) are for children and that the target population reflects the needs assessment and selected priority(ies). Applicant may budget match for project activities addressing other MCH subpopulations and still receive the additional points as long as the requested subgrant funds are exclusively budgeted for children.

1.03 Community-level Needs Assessment

This section provides guidance on meeting the minimum requirement for a community-level needs assessment. This needs assessment may have been carried out in a variety of ways, either by the Applicant, or by other entities, such as a local health district, a community consortium, or an advocacy group. Characteristics of or formats for community-level needs assessments vary, but can usually be defined as the collection, analysis, interpretation and presentation of information about health conditions, risks and assets in a community related to the health of the population; and the identification and prioritization of problems to be considered for action by the community.

Some typical components of a community needs assessment may include:

a. Development of a community health profile;

b. Assessment of capacity (of an agency, a community, or a health system) to address health issues;

c. Selection of indicators;

d. Collection, analysis and presentation of data; and

e. Identification of problems and setting priorities.

A community needs assessment should answer or at least address many of the following questions:

a. What is the overall health status of the population?

b. What are the population's health problems/needs?

c. Which population subgroups (gender, age, ethnicity, insurance/payor) are at highest risk for health problems?

d. Where (geographically) are high-risk groups located?

e. Are there trends in the data that show that the problem is increasing or diminishing?

f. How does your community compare to others (federal, state, similar community) over time?

g. What resources are available in the community and are there gaps in resources?

h. What are the community's strengths or assets?

i. What are the priorities among identified problems/needs?

1.04 MCH / CSHCN Priorities, Populations, and Evidence-based Practices

Through this RFA, DHHS seeks to identify, select, and support projects and activities that:

a. As a minimum requirement, address one or more of Nebraska's ten MCH/CSHCN priorities as identified through its 5-year Comprehensive Needs Assessment completed in 2010;

b. As a minimum requirement, have the selected priority or priorities supported by a community needs assessment;

c. As a minimum requirement, be of a type for which extensive start-up time and effort is not necessary;

d. Preferably address the needs of children (ages 1 year up to the 22nd year); and

e. Preferably utilize evidence-based practices and/or models.

For more details on the minimum requirements, see subsection 1.02.2.

Nebraska DHHS has a particular interest in projects impacting children because of the federal requirement that 30% of the Title V/MCH Block Grant be expended on preventive and primary health care services for this population. To assist Applicants in considering this preference for addressing the needs of this population, the following Table 1 lists the ten MCH/CSHCN priorities and clarifies potential relationships of each to the population of children, ages 1 year up to the 22nd year.

Priorities (numbered for reference)	Potential Relationships to Population of Children
1. Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight.	Activities specific to or impacting children age 1 up to age 22.
2. Improve the reproductive health of youth and women by decreasing the rates of STD's and unintended pregnancies.	Activities specific to or primarily impacting youth (male or female less than age 22).
3. Reduce the impact of poverty on infants/children including food insecurity.	Activities, particularly those based on a social-ecological model, impacting children as well as infants.
4. Reduce the health disparities gap in infant health status and outcomes.	Life course, socio-ecological models that impact preconception health and well-being of women less than age 22, with subsequent potential to improve infant health status and outcomes.
5. Increase access to oral health care for children and CSHCN.	Activities inclusive of both children and children with special health care needs.
6. Reduce the rates of abuse and neglect of infants and CSHCN.	Prevention models and systems which would be inclusive of children as well as infants and children with special health care needs.
7. Reduce alcohol use and binge drinking among youth.	This is a child specific priority.
8. Increase quality of and access to perinatal health services, including pre/inter-conception health care, prenatal care, labor and delivery services, and postpartum care.	Activities specific to or impacting pre-conception and inter-conception health of women less than age 22.
9. Increase the prevalence of infants who breastfeed exclusively through six months of age.	This priority not applicable to children.
10. Increase access to Medical Homes for CSHCN particularly for those with functional limitations.	This priority is not applicable to children, unless planned approach has broader intended impacts at the practice or community level.

Table 1: MCH/CSHCN Priorities and potential relationship to children (ages 1 – 22)

Applicants should consider these relationships, within the context of its community needs assessment, when selecting a priority or priorities and developing its proposed activities.

Applicants should note that additional scoring points are possible for proposed activities that exclusively target services or activities on the needs of children. See subsection 2.05.1 for the evaluation criteria.

Nebraska DHHS also has a particular interest in promoting evidence-based practices, because of the greater likelihood that such practices will produce desired outcomes in this era of limited and/or shrinking financial resources. Definitions of evidence-based vary among agencies and funders. For purposes of this RFA, ***Evidence-based Practice*** is defined as an approach, framework, collection of ideas or concepts, adopted principles and strategies supported by research. A related term, ***Evidence-based Program,*** is defined as programs comprised of a set of coordinated services/activities that demonstrate effectiveness based on research. Such programs may incorporate a number of evidence-based practices in the delivery of services, often in prescribed dosages, intensity, and/or duration.

An example of an Evidence-based Practice would be developing and/or strengthening age identification policies and training for employees of alcohol establishments. An example of an Evidence-based Program would be Brief Alcohol Screening and Intervention of College Students (BASICS). Either an evidence-based practice or an evidence-based program would meet this optional but encouraged criteria.

The basis for identifying a practice or program as evidence-based also varies by agency or funder. Most utilize ratings such as: model & promising; meets evidence standards, meets evidence standards with reservations, & does not meet evidence screens; and effective, moderately effective & adequate. For purposes of this RFA, applicants are to preferably utilize national or Nebraska specific sources or organizations that have reviewed the research evidence and rated or scored practices or programs based on specific criteria. Table 2 below offers suggested sources of evidence-based ratings and related guidelines as may be applicable to the ten MCH/CSHCN priorities.

Priorities (numbered for reference)	**Rating Source(s) or Guidelines**
1 Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight.	Guide to Community Prevention Services: http://www.thecommunityguide.org/index.html Nutrition, Physical Activity, & Obesity – School Health Guidelines to Promote Healthy Eating, Physical Activity: http://www.cdc.gov/healthyyouth/npao/strategies.htm Nebraska Physical Activity and Nutrition State Plan: http://dhhs.ne.gov/publichealth/Pages/hew_hpe_nafh_stateplan.aspx
2 Improve the reproductive health of youth and women by decreasing the rates of STD's and unintended pregnancies.	US DHHS Office of Adolescent Health, Teen Pregnancy Prevention: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/ Guide to Community Prevention Services: http://www.thecommunityguide.org/index.html

Priorities (numbered for reference)	Rating Source(s) or Guidelines
3 Reduce the impact of poverty on infants/children including food insecurity.	Promising Practices Network: http://www.promisingpractices.net/programs.asp Child Trends: http://www.childtrends.org/what-works/links-syntheses/
4 Reduce the health disparities gap in infant health status and outcomes.	Healthy People.gov: http://www.healthypeople.gov/2020/topicsobjectives2020/ebr.aspx?topicId=26 National Prevention Strategy: http://www.astho.org/Programs/Evidence-Based-Public-Health/
5 Increase access to oral health care for children and CSHCN.	The Community Guide – Oral Health: http://www.thecommunityguide.org/oral/index.html ADA Center for Evidence-Based Dentistry: http://ebd.ada.org/
6 Reduce the rates of abuse and neglect of infants and CSHCN.	Promising Practices Network: http://www.promisingpractices.net/programs.asp Child Welfare Information Gateway: http://www.childwelfare.gov/preventing/evaluating/
7 Reduce alcohol use and binge drinking among youth.	The Nebraska SPF SIG Strategy Approval Guide, Pre-approved Strategies: http://dhhs.ne.gov/publichealth/Documents/PreApprovedStrategies.pdf Guide to Community Prevention Services: http://www.thecommunityguide.org/index.html
8 Increase quality of and access to perinatal health services, including pre/inter-conception health care, prenatal care, labor and delivery services, and postpartum care.	Recommendations to Improve Preconception Care: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm AMCHP Best Practices: http://www.amchp.org/programsandtopics/BestPractices/Pages/default.aspx

Priorities (numbered for reference)	Rating Source(s) or Guidelines
	ACOG Well-woman Care: http://www.acog.org/About_ACOG/ACOG_Departments/Annual_Womens_Health_Care/Assessments_and_Recommendations AHRQ National Guideline Clearing House – ACOG Guidelines: http://guideline.gov/browse/by-organization.aspx?orgid=85
9 Increase the prevalence of infants who breastfeed exclusively through six months of age.	The CDC Guide to Breastfeeding Interventions: http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf Nebraska Physical Activity and Nutrition State Plan: http://dhhs.ne.gov/publichealth/Pages/hew_hpe_nafh_stateplan.aspx
10 Increase access to Medical Homes for CSHCN particularly for those with functional limitations.	National Center for Medical Home Implementation: http://www.medicalhomeinfo.org/

Table 2: Suggested sources of evidence-based rating and guidelines

An additional source that provides information across a number of MCH/CSHCN priorities is the NACCHO Model Practices web site: http://naccho.org/topics/modelpractices/.

Selection of evidence-based practices or programs should be based on a range of factors:

a. How well does the practice or program reflect what the applicant hopes to achieve? That is, what is the match between the proven outcomes of an evidence-based practice or program with the needs and desired outcomes that the applicant seeks to address?

b. How well do the goals of the program or practice match those of the applicant's intended participants, systems, and/or partners?

c. If an evidence-based program, is it of sufficient length and intensity (i.e., "strong enough") to be effective with the target population?

d. Are potential participants or partners willing and able to make the time commitment required by the program or practice?

e. Has the program or practice demonstrated effectiveness with a target population or community similar to yours?

f. To what extent might you need to adapt a program or practice to fit the needs of your community? How might such adaptations affect the effectiveness of the program or practice? If an evidence-based program, does it allow for such adaptation?

g. How well does the program complement current programming both in your organization and in the community?

Applicants are to describe how the factors were considered in selecting the evidence-based practices or programs.

A final consideration in selecting practices or programs is the potential for greatest community level impact with sustainability over time. The following description of effectiveness of public health interventions in 5-tiers should also be considered. See also Figure 1: The Health Impact Pyramid.

A 5-tier pyramid best describes the impact of different types of public health interventions and provides a framework to improve health. At the base of this pyramid, indicating interventions with the greatest potential impact are efforts to address socioeconomic determinants of health. In ascending order are interventions that change the context to make individuals' default decisions healthy, clinical interventions that require limited contact but confer long-term protection, ongoing direct clinical care, and health education and counseling.

Interventions focusing on lower levels of the pyramid tend to be more effective because they reach broader segments of society and require less individual effort.

Implementing interventions at each of the levels can achieve the maximum possible sustained public health benefit. (AmJ Public Health. 2010;100:590–595. doi:10.2105/AJPH.2009.185652)

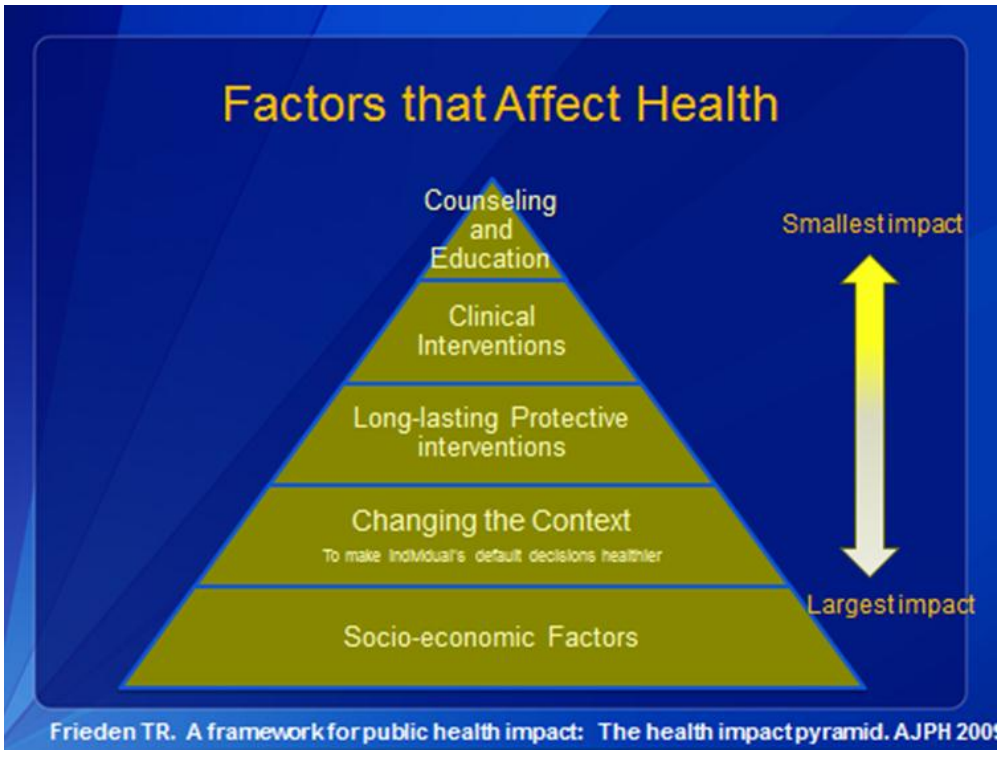

Figure 1: The Health Impact Pyramid

1.05 Applicant Capacity

DHHS seeks Applicants that can describe their ability to meet the following criteria in the program / project being proposed in the application:

a. **Relevance:** A commitment to provide services or build infrastructure that will meet the needs of the target MCH subpopulations. This includes factors such as attention to accessibility, cultural and linguistic appropriateness, community engagement, evidence-informed strategies, and a focus on outcomes.

b. **Cost:** Maintain cost of operations within the limits of available funding and an ability to meet grant requirements while maximizing available resources.

c. **Quality:** A commitment to provide quality services and/or work products with attention to ongoing project monitoring, quality improvement, and performance measurement. Applicants should also have a history of compliance with related DHHS programs.

d. **Management:** A capacity and willingness to provide responsible management of resources and to establish necessary control systems to safeguard funds and resources.

e. **Coordination:** An ability to effectively coordinate services and/or activities for the targeted MCH subpopulation(s) served or impacted by the project.

1.06 Personnel, Collaborative Partners and Subcontractors

The project activities or services require qualified, competent persons to effectively implement, monitor, and evaluate. Applicants should carefully consider any specific qualifications or credentials that key person(s) need for the performance of the proposed project/services, to include both finance and program operations. The Management Plan and the Work Plan timeline should include any recruitment of staff and/or contractor(s). Whether new or existing positions are planned for the grant activities, the Management Plan should address basic considerations related to retention, e.g. comparable salary and benefits, or contract compensation, staff development, employment policy/procedures, etc.

Individuals and for-profit entities are ineligible to apply for these funds, although they may participate as collaborative partners with an eligible Applicant.

Agreements with persons or organizations who receive payments must be formalized in a legally-binding contract that clearly defines the scope of work and the consideration, among other contract clauses. Applicant is responsible for oversight of its contractors under the subgrant.

If the Applicant is relying on non-paid collaborative partners for the success of the proposed work, a Memorandum of Understanding (MOU) must be submitted as part of the Application. The MOU is an agreement that should clearly delineate and formalize the commitment of the partners. In addition to communicating the intentions to the Evaluation Committee, the MOU further assures both the Applicant and funder that if the Application is approved for funding that the Subrecipient can rely on its partners to follow through with the commitment made during the planning process. A Letter of Support is not the same as the MOU.

If an Application is approved for funding, there are additional considerations for the relationship between the Subrecipient and other parties if other parties receive monetary compensation from the Subrecipient. If a Subrecipient provides monetary compensation to another party to perform work under this grant, the relationship between the Subrecipient and another party must be formalized in a legally-binding agreement. The Work Plan and Budget should identify if a contractual relationship is planned, providing in the narrative reasonable assurance that a contract will be finalized by the October 1, 2014 start up and be reflective of the planned work and compensation as stated in the Application. A contract does not need to be prepared prior to the submission of an Application, and should not be submitted with the Application; however, a contract should be available upon request if a subgrant award is made. The Subrecipient is responsible to DHHS, and a contractor will be responsible to the Subrecipient. The DHHS is not a party to a contract between Subrecipients and their contractors, and as such the DHHS is not responsible for monitoring contractors of Subrecipients.

Section 2 - Purpose and Scope of the Request

2.01 Overview

This Request for Applications (RFA) seeks subgrant applications to assist the Nebraska Department Health & Human Services (DHHS) in selecting the most qualified entities to address community-level needs that align with one or more of Nebraska's current priorities for maternal and child health (MCH), including children with special health care needs (CSHCN). Interested organizations should carefully review this RFA for applicant eligibility and funding criteria. DHHS determines funding priorities for the Block Grant based on a comprehensive needs assessment, the most recent completed in 2010, federal requirements, public input, and emerging issues.

This document provides the guidance for eligible entities to prepare and submit an application for federal financial assistance. The successful applicants will be subrecipients, not vendors, and must comply with federal laws and regulations governing grants administration and costs, and requirements of Title V / Maternal and Child Health (MCH) Services Block Grant as authorized under Title V of the Social Act of 1935 and amended by the Omnibus Budget Reconciliation Act (OBRA) of 1981 and OBRA 1989. This includes requirements that States conduct activities to **"improve the health of all mothers and children"** consistent with health status measures and measurable objectives for program efforts as well as to report progress on key maternal and child health indicators. The federal requirement to serve all mothers and children emphasizes that there are no eligibility requirements established at the federal level to qualify for services paid by Title V / MCH Block Grant. For more information regarding the authorizing legislation (codified at 42 USC 701 through 709) visit http://www.ssa.gov/OP_Home/ssact/title05/0501.htm. To learn more about the Title V / MCH Block Grant program and other MCH topics, visit http://mchb.hrsa.gov/.

2.01.1 Subgrant award period

DHHS seeks applications for projects for the two-year period October 1, 2014 through September 30, 2016. The project period is divided by fiscal years as referenced below:

Year 1 / Fiscal Year (FY) 2015	October 1, 2014 – September 30, 2015
Year 2 / Fiscal Year (FY) 2016	October 1, 2015 – September 30, 2016.

An initial award will be issued for federal FY 2015. Subject to review of Subrecipient performance and compliance with the terms and conditions of the award, and availability of funds, a one-year, non-competing award will be made for FY 2016. Awards made for the initial and subsequent period are dependent on the availability of federal funds. The issuance of this RFA in no way constitutes a commitment by DHHS to award any subgrants or at the funding level projected in this RFA.

2.01.2 Types of Projects

Applicants are advised to carefully review and consider the purpose of this RFA and the types of projects/services being sought. For details and examples see subsection 1.02 Description of Work and Services. DHHS reserves the right to conduct negotiations with Applicants whose applications score and rank high in the applicant pool based on the merits, but may not fully meet the intent of the RFA. Any negotiations will be for the purpose to improve upon adequate applications.

2.01.3 Eligible Applicants

Applicants under this RFA must be a Nebraska-based private non-profit or a public entity. This includes, but is not limited to: local governments; Tribal governments; institutions of higher education; community-based agencies; and religious organizations. An applicant that is not a public entity or faith-based organization must submit with the application proof of non-profit status. Any of the following is acceptable evidence of nonprofit status:

a. a reference to the Applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code;

b. a copy of a currently valid IRS tax exemption certificate;

c. a statement from a State taxing body, State Attorney General, or other appropriate State Official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals;

d. a certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status;

e. any of the above proof for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

The four federally-recognized tribes headquartered in Nebraska may also apply under a separate non-competitive RFA for Tribal setaside funding. Tribes cannot submit the same application under both RFAs. A non-profit Applicant proposing to conduct activities or services on a reservation or federally-recognized Tribal land must include a letter of support from the applicable Tribal Council.

2.01.4 Available Funds

DHHS seeks applications for projects for the two-year period October 1, 2014 – September 30, 2016. The project period is divided by fiscal years as referenced below:

Year 1 / Fiscal Year 2015	October 1, 2014 – September 30, 2015
Year 2 / Fiscal Year 2016	October 1, 2015 – September 30, 2016

The total funding available for Year 1 is projected to be one million dollars ($1,000,000). DHHS's preliminary projection for Year 2 funding is level or decreased funds. An Applicant's decreasing budget for the succeeding year relates to the anticipation of program income, if applicable, and/or other support. Both factors should relate to the Applicant's plans for sustainability.

The nature of non-categorical grants makes it difficult to project the total number and dollar amount of awards because of the variance in scope of work and the geographic area of the proposed activities. **The funding level per project is capped at $150,000 per year.** DHHS reserves the right to award based on the combination of applications that best address the purpose of this RFA.

2.01.5 Matching and Program Income

Applicants, if awarded, will be required to match at least 20% of the total project cost. For example, a minimum of $10,000 matching will be required for a total project cost of $50,000. (See subsection 3.05 Budget.) This local support is included with State funds to meet DHHS's match requirement of three dollars for every four dollars of federal MCH Block Grant funds. The application must demonstrate the Applicant's capacity to provide matching funds.

Program income is encouraged to defray project costs. If earned, program income may be used to meet the matching requirement. Three alternatives for using program income are:

a. Matching. Applicants shall budget any projected program income in the cash match column of the Line Item Budget**.** See subsection 3.05 Budget.

b. Addition. Any income in excess of 20% of total project costs may be added to the funds committed to the grant agreement and shall be used for the purposes and under the conditions of the agreement.

c. Deduction. If the alternative of addition is not exercised, income in excess of 20% of total project costs must be deducted from outlays of the federal subgrant award rather than to increase the funds committed.

Subrecipients will be expected to identify through quarterly reports the program income earned and how it is used. If the final expenditure report for any fiscal year does not have a zero balance for program income, prior to close out of the grant the final reimbursement will be reduced by the amount of unused program income. Program income shall be disbursed as earned, and cannot be carried over between fiscal years.

If the grant funded activities do not earn income, or if program income is insufficient to meet the minimum match requirement, the match requirement must be met by one or a combination of the following options:

a. Cash: non-federal funds not already used towards satisfying a cost sharing or matching requirement of another grant agreement, and/or

b. In-kind: third party in-kind contributions not already used towards satisfying a cost sharing or matching requirement of another grant agreement.

For additional information regarding matching, see subsection 3.05 Budget.

2.02 Schedule of Events

DHHS expects to adhere to the schedule shown in Table 3 below. Times are stated as Central Daylight Time. It should be noted, however, that some dates are approximate. DHHS reserves the right to change any or all dates and times, and to postpone or cancel this RFA. Any change notices and the responses to written questions will be posted at www.dhhs.ne.gov/TitleV_MCH.

	Activity	2014 Dates / Times
1.	DHHS issues RFA	May 1
2.	Submit written questions – 1st period by this date/time	May 15 - 5:00 p.m.
3.	DHHS posts response to written questions – 1st period	May 21
4.	Submit Letters of Intent to Apply *(strongly recommended)*	May 27 preferred
5.	Submit written questions – 2nd period by this date/time	June 10 - 5:00 p.m.
6.	DHHS post response to written questions – 2nd period	June 16
7.	Deadline to submit Applications	July 1 - 5:00 p.m.
8.	Evaluation period	July 2 - 15
9.	DHHS posts Notice of Intent to Award	August 1
10.	Project period begins	October 1

Table 3: Schedule of Events

2.02.1 Access to the RFA

DHHS has posted a notice about this RFA on the DHHS webpage under *Grant and Contract Opportunities* at http://dhhs.ne.gov/Pages/grants_loans.aspx which links to www.dhhs.ne.gov/TitleV_MCH where the RFA and all materials are available electronically. Subscribe to these webpages to be automatically notified by email whenever these websites are updated. (See 🔔 Subscribe to this page at the top of the webpage.) Upon request, DHHS will mail a print copy of the RFA to any person or entity.

2.02.2 Submission of Written Questions

Submit questions to Rayma Delaney in writing by one of the following methods (listed in order of preference) and clearly marked "RFA for MCH Subgrant**":**

E-mail: rayma.delaney@nebraska.gov
Fax: (402) 471-7049
Mail: Rayma Delaney
Planning & Support
Lifespan Health Services
Nebraska Department of Health and Human Services
301 Centennial Mall South, P.O. Box 95026
Lincoln, NE 68509-5026

Written questions related to the RFA received no later than the dates and times for each of the two periods, as specified in Table 3, will be answered and posted at www.dhhs.ne.gov/TitleV_MCH.

If the question or comment pertains to a specific section of the RFA, the relevant section and page should be referenced. Oral questions will not be accepted.

2.02.3 Response to Written Questions

DHHS will prepare written responses to all pertinent and properly submitted questions, being careful to answer questions while protecting the privacy of requesting organizations. DHHS will post the written questions and responses on the DHHS Web page at www.dhhs.ne.gov/TitleV_MCH. Reference Table 3 for the approximate dates of posting for each of the two periods. DHHS's written responses will be considered part of the RFA.

It is the responsibility of the Applicant to check the DHHS webpage for all information relevant to this RFA, including written Questions & Answers and any amendments to the RFA that may be issued.

No response will be provided to any written questions about the RFA after the application deadline and prior to Notice of Intent to Award.

2.02.4 Letter of Intent to Apply

Parties who intend to submit an application in response to this RFA are *strongly encouraged* to submit a *Letter of Intent to Apply* form (Attachment A) emailed as an attachment to Rayma Delaney at rayma.delaney@nebraska.gov by May 27, 2014. A party that submits a *Letter of Intent to Apply* will not be held to submit an Application.

2.02.5 Application Deadline

Applications must be received at the Nebraska State Office Building no later than **5:00 p.m. Central Daylight Time,** July 1, 2014.

2.02.6 Notice of Intent to Award

A Notice of Intent to Award will be posted on the DHHS web page at: www.dhhs.ne.gov/TitleV_MCH on or about August 1. The Notice will identify the organizations by name that DHHS intends to award subgrants.

2.02.7 Subgrant Awards

Applicants should reference the *Nebraska Department of Health and Human Services General Terms and Assurances* posted with the RFA at www.dhhs.ne.gov/TitleV_MCH. Upon Notice of Intent to Award, successful Applicants will be required to provide information on pp 8-12 of the *General Terms and Assurances* and submit it to DHHS prior to subgrant award.

By signing the *Application Cover Sheet*, the official authorized by the Applicant asserts that, if awarded, the Applicant and any of its contractor(s) under the subgrant award will comply with DHHS's *General Terms and Assurances*.

Following the web posting of Notice of Intent to Award, response to any contingencies, and the receipt of the completed *General Terms and Assurances*, DHHS will issue a subgrant award document to each successful Applicant. DHHS provides subgrant payments quarterly on the basis of reports and the reimbursement of actual costs and in accordance with the State of Nebraska Prompt Payment Act. The costs reported under an award must be based on the approved Budget and will be assessed for compliance with the federal cost principles of reasonable, allowable, and allocable.

2.03 Response to the RFA

2.03.1 Methods to Submit an Application

The RFA is designed to clearly communicate to eligible entities the projects and services that are fundable as Nebraska MCH Subgrants for FY 2015 and FY 2016. Applications that do not conform to the mandatory items as indicated in the RFA will not be considered. Applicants should carefully review all information and materials contained in this RFA and follow the instructions regarding the time schedules, format, narrative and required forms to be used. Emphasis should be concentrated on conformance to the RFA instructions, responsiveness to requirements, completeness and clarity of content. If the application is presented in such a fashion that makes evaluation difficult or overly time consuming, it is likely that points will be lost in the evaluation process.

Submission by fax, e-mail, or disk will not be accepted because original signatures are required on the Cover Sheet and Certifications. Applications should be addressed to the point of contact:

Rayma Delaney, Title V/MCH Grant Administrator
Planning & Support
Lifespan Health Services
Nebraska Department of Health and Human Services
301 Centennial Mall South, P.O. Box 95026
Lincoln, NE 68509-5026

Applications must be received by DHHS in the Nebraska State Office Building **by 5:00 p.m. Central Daylight Time on July 1, 2014.** Applicants are strongly encouraged to use registered mail or at least first-class mail. Do not send third class or book rate. **LATE APPLICATIONS WILL BE REJECTED.**

Mail or deliver one complete, signed original and four photocopies. The original must be clearly marked with the word 'original' to distinguish it from the four photocopies made of the original application**.** In the event of any inconsistencies among the original and four copies, the language contained in the original shall govern. Additions or corrections will not be accepted after the closing date.

Applications hand delivered or by courier services will be received during business hours (8:00 a.m. to 5:00 p.m. Central Daylight Time Monday – Friday, excluding state-observed holidays). Hand delivery or courier services will be received at the 3rd floor reception desk, DHHS, 301 Centennial Mall South, Nebraska State Office Building (NSOB), Lincoln, Nebraska. Applications hand delivered or by courier must be received at the NSOB no later than 5:00 p.m. Central Daylight Time**,** July 1, 2014.

DHHS assumes no responsibility for representations made by its officers or employees prior to the execution of a subgrant, unless such representations are specifically incorporated into the RFA or the subgrant award document.

Any verbal information provided by the Applicant shall not be considered part of its application.

2.03.2 Communication with DHHS Staff

From the date the RFA is issued until Notice of Intent to Award is posted on the DHHS webpage, contact between potential Applicants and individuals employed by DHHS regarding this RFA is restricted to only written communication with the DHHS staff designated above as the point of contact.

There are two exceptions to these restrictions permitted: 1) contacts made pursuant to any pre-existing subgrants or obligations; and 2) state-requested presentations, key personnel interviews, clarification sessions or discussions to finalize a subgrant.

Violations of these conditions may be considered sufficient cause to reject an Applicant's application and/or selection irrespective of any other condition. No individual member of the State, employee of DHHS, or member of the Evaluation Committee is empowered to make binding statements regarding this RFA. The DHHS point of contact will issue any clarifications or opinions regarding this RFA in writing by posting on the DHHS webpage.

2.03.3 Amendments to the RFA

DHHS reserves the right to amend the RFA at any time prior to the application deadline. In the event DHHS decides to amend, either to add to or delete any part of this RFA, a written amendment will be posted on the DHHS Web site. Potential Applicants are advised to check the webpage http://dhhs.ne.gov/Pages/grants_loans.aspx periodically for possible amendments to this RFA. Interested parties may also subscribe to the webpage to be automatically notified by email whenever the website is updated.

2.03.4 Open Competition

No attempt shall be made by any party to induce any other person or firm to submit, or not to submit, an application for the purpose of restricting competition. Such action is strictly prohibited and risks eligibility of offending entity(ies).

2.03.5 Withdrawal of Applications

Applications may be withdrawn, modified and resubmitted by an Applicant at any time prior to the application deadline. An Applicant desiring to withdraw its application after the deadline shall submit notification via email to Rayma Delaney, rayma.delaney@nebraska.gov.

2.03.6 Late Applications

Applications received after the application deadline will be considered late applications. Rejected late applications will be returned to the Applicant unopened, if requested, at Applicant's expense. DHHS is not responsible for applications that are late or lost due to mail service inadequacies, traffic or any other reason(s).

2.03.7 Rejection of Applications

The State reserves the right to reject any or all applications, wholly or in part. DHHS reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the application and do not improve the Applicant's competitive position. All awards will be made in a manner deemed in the best interest of DHHS.

2.04 Terms and Conditions

2.04.1 General

The subgrants resulting from this RFA shall incorporate the following documents:

1. Subgrant award;
2. The original RFA;
3. Any addenda and/or amendments to the RFA, including questions and answers;
4. The signed Application Cover Sheet;
5. The Subrecipient's application; and
6. Any subgrant amendments.

Unless otherwise specifically stated in a subgrant amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) the subgrant award, 2) the original RFA, 3) Request for Application addenda and/or amendments with the latest dated amendment having the highest priority, 4) the signed Application Cover Sheet, 5) the Subrecipient's

application; and 6) subgrant amendments with the latest dated amendment having the highest priority.

Any ambiguity in any provision of this subgrant which shall be discovered after its execution shall be resolved in accordance with the rules interpretation as established in the State of Nebraska.

Once applications are opened they become the property of the State of Nebraska and will not be returned.

2.04.2 Budget and Work Plan Changes

The Subrecipient is permitted to reassign funds from one line item to another line item within the approved budget. If funds are reassigned between line items, prior approval from DHHS is required for cumulative budget transfer requests for allowable costs, allocable to the subgrant exceeding ten percent (10%) of the current total approved budget. Budget revision requests shall be submitted in writing to DHHS. DHHS will provide written notice of approval or disapproval of the request within thirty (30) days of its receipt. Minor changes to the approved Work Plan, such as modification to activities or timeline, may be warranted based on process evaluation. Revisions to the approved Work Plan that more significantly alter the approved project require prior approval from DHHS.

2.05 Evaluation by DHHS

2.05.1 Criteria and Scoring

All responses to this RFA which fulfill all mandatory requirements will be evaluated. Each category will have a maximum point potential. See Table 4 Evaluation Criteria & Points below.

DHHS will conduct a fair, impartial and comprehensive evaluation of all applications in accordance with the criteria set forth. Areas that will be addressed and scored during the evaluation include:

Evaluation Criteria	Points
Narrative Considerations: The Narrative reasonably and rationally details the following: a. **Community Level Needs Assessment** – Suitable community-level needs assessment described/summarized b. **Selected Target Population and MCH/CSHCN Priorities** – Selection based on Community Level Needs Assessment; process described; selection justified. c. **Goals and Desired Outcomes** – Appropriately reflect Community Level Needs Assessment, Selected Target Populations and Selected MCH/CSHCN Priority(ies). d. **Methodology** – Planned strategies appropriate to reach Desired Outcomes with key steps and necessary actions described; considers the Health Impact Pyramid; barriers identified & addressed. As an encouraged option, uses an evidence-based program or practice, and such program or practice is suitable, source of evidence documented, plans to implement with fidelity or adaptation appropriate. e. **Evaluation Plan** – Performance measures developed to evaluate process and test for achievement of outcomes; indicates how measures will be used to monitor progress and modify work plan.	55
Work Plan Considerations – Suitable objectives for 2-year period that are specific, measurable, achievable, realistic and time framed; activities, resources and timelines appropriate to reach objectives.	20
Adequacy of Capacity Considerations: The roles, qualifications, and time allotted for personnel and/or contractors are suitable to perform duties related to the Work Plan activities. The Applicant organization's experience and structure is sufficient to reasonably safeguard assets, retain personnel, monitor contractors, and engage community partners. Fiscal and program management provides reasonable assurance for successful grant implementation and reporting.	15
Budget Considerations: The Budget supports the Work Plan with allowable, allocable and reasonable costs based on the federal cost principles, and in compliance with the federal administrative requirements, as relevant by type of entity. The Budget correctly categorizes items of cost. The Budget Justification uses a method to arrive at budgeted costs for both grant and match, the source of match, that match is at least 20% of the total costs, and that the subgrant request does not exceed $150,000 per year.	20
Sustainability Considerations: Applicant illustrates how it will maximize and coordinate existing resources to reasonably ensure that a program/project could continue beyond the two-year grant period, if warranted. Applicant describes how the product(s) resulting from a subgrant will be utilized and incorporated into other activities after the conclusion of the subgrant.	10
Focus on Children (age 1-22) Considerations: Children are the EXCLUSIVE target population based on needs assessment, relevant to the selected priority(ies), and the subgrant funding budget is entirely based on those activities. 100% of the Desired Outcome(s) are for the subpopulation "Children" and reflected in the budget of subgrant funds. Match budget only may reflect activities focused on other MCH subpopulations.	20
Total possible points	140

Table 4: Evaluation Criteria & Points

2.05.2 Evaluation Committee

Applications will be independently evaluated by members of the Evaluation Committee. The committee(s) will consist of DHHS staff or other employees of the State with the appropriate expertise to conduct such application evaluations. Names of the members of the Evaluation Committee will not become public information.

Prior to the Notice of Intent to Award, only the point of contact indicated in this RFA can clarify issues or render any opinion regarding this RFA. The primary contact will, however, consult with other DHHS staff before posting written responses to written questions. No individual member of DHHS, employee of the State or member of the Evaluation Committee is empowered to make binding statements regarding this Request for Application.

2.05.3 Mandatory Requirements

The applications will first be examined to determine if all mandatory requirements listed in the application checklist in subsection 3.01 have been addressed to warrant further evaluation. Applications not meeting mandatory technical requirements and the three minimum criteria in subsection 1.02.2 of the RFA will be excluded from further evaluation. The application budget request for subgrant funding shall not exceed $150,000 per year and demonstrate a minimum match of 20% total project costs.

2.05.4 Reference Checks

The State reserves the right to check any reference(s), regardless of the source of the reference information, including but not limited to, those that are identified by the Applicant in the application, those indicated through the explicitly-specified contacts, those that are identified during the evaluation of the application, or those that result from communication with other entities involved with similar projects.

Information to be requested and evaluated from references may include, but is not limited to, some or all of the following: project description and background, job performed, functional and technical abilities, communication skills and timeliness, accuracy, and overall performance. Only top scoring Applicants may receive reference checks and negative references may eliminate Applicants from consideration for award.

2.05.5 Protest or Grievance Procedure

Administrative procedures for filing grievances or protests are as follows:

1. Protests or grievances must be sent in writing and postmarked within ten (10) calendar days of the publication of the Notice of Intent to Award. The letter should specify "MCH RFA" and include specific issues that are to be addressed. Address the letter to: Joseph M. Acierno, MD, JD, Chief Medical Officer, Director, Division of Public Health, Department of Health and Human Services, 301 Centennial Mall South, 3rd Floor, Lincoln, NE 68509.

2. A response will be made by the Chief Medical Officer, Director, Division of Public Health.

3. * If the response from the Chief Medical Officer, Director, Division of Public Health has not satisfied the grievance of the Applicant, a protest letter is to be sent to Kerry Winterer, CEO, Department of Health and Human Services, 301 Centennial Mall South, 3rd Floor, Lincoln, NE 69509.

4. A meeting will be scheduled with the Applicant, the MCH Program (optional), the Chief Medical Officer, Director, Division of Public Health and the CEO of the Department of Health and Human Services to discuss the issues.

5. A written response of the final decision by the CEO of the Department of Health and Human Services will be sent to the Applicant.

* Step 3 may be eliminated if the Applicant opts to grieve simultaneously to both the Chief Medical Officer, Director, Division of Public Health and the CEO of the Department of Health and Human Services.

Section 3 – Application Format and Content

These instructions prescribe the format and content of the application and are designed to facilitate the submission of an application that is easy to understand, review, and evaluate. Failure to adhere to these requirements and application content may result in disqualification of the application.

3.01 Application Checklist

Applicant is not required to submit a checklist with the application. Refer to the following Table 5 that includes requirements and other items as relevant. Descriptions of each item are outlined in the pages that follow.

✓	**Application Materials Checklist** (Fillable forms are hi-lited, and are available at www.dhhs.ne.gov/TitleV_MCH
	Letter of Intent to Apply -- **ATTACHMENT A** – Although not required, parties who intend to submit an application in response to this RFA are strongly encouraged to inform DHHS of their intent. Use this form and attach it to an email sent to rayma.delaney@nebraska.gov, preferably by May 27, 2014 to assist the Evaluation Committee in anticipating the response.
	Application Cover Sheet – print REQUIRED form**– must be signed.**
	Table of Contents – strongly encouraged, but not required.
	Abstract – strongly encouraged, but not required. Briefly describe the proposed project/services and the organization and collaborative partners implementing the activities.
	Narrative and Work Plan – REQUIRED. Use of form/format in **ATTACHMENT B** is strongly encouraged. Logic model is optional, but strongly encouraged if requesting funds for evaluation.
	Organization Overview -- REQUIRED form, using instructions in **ATTACHMENT C**
	Management Plan – REQUIRED form, using instructions in **ATTACHMENT D**
	Personnel Detail – REQUIRED form, using instructions in **ATTACHMENT E**
	Contractor Information – as relevant, using instructions in **ATTACHMENT F**
	Personnel Cost Worksheet – REQUIRED form, using instructions in **ATTACHMENT G**
	Match Calculator – match is REQUIRED; optional form **ATTACHMENT H**
	Budget Justification – REQUIRED process using instructions in **ATTACHMENT I;** use of form/format is strongly encouraged.
	Line Item Budget – REQUIRED form **ATTACHMENT J**
	Proof of non-profit status – as relevant
	Letter of support from Tribal Council – as relevant
	Memorandum(s) of Understanding – as relevant; as described in subsection 1.06.
	Indirect Cost Rate Agreement – as relevant; submit if indirect costs are budgeted

Table 5: Application Checklist

3.02 Technical Requirements

3.02.1 General Instructions

Read all instructions carefully. Applications must address all the application and submission requirements in this RFA. Applications will be evaluated on overall quality of content and responsiveness to the purpose and specifications of this RFA. Only those applications that include complete information as required by this RFA will be considered for evaluation. Throughout the following instructions, "you" and "your" refer to the entity submitting an application.

All applications must include the required items listed in subsection 3.01 Application Checklist and other items as relevant. Assemble all materials in the order outlined in the checklist in subsection 3.01.

3.02.2 Document Format

Applications must be typewritten and adhere to formatting detailed in Table 6 below.

Aspect	Requirement
Cover Sheet	Complete all sections of the Application Cover Sheet and provide the signature of your organization's official authorized to sign legally-binding documents. The Application Cover Sheet shall be the top page of the application.
Font size	Application must be in a minimum of 12 point font. A smaller font may be used for tables, figures or maps.
Paper	Applications shall be prepared on white 8 ½ x 11 inch paper. Submit 1 signed original (clearly marked "original") and 4 copies.
Three-hole punch *copies only*	The 4 copies should be on 3-hole punch paper ready to be put in notebooks for the Evaluation Committee. The original shall not be on 3-hole punch paper.
Length	Narrative sections should be **limited to a total of 30 pages** (not including the Application Cover Sheet, Table of Content, Abstract, and required attachments). Use headings, charts, tables, and/or maps as relevant to enhance understanding.
Margins	One inch (1") top, bottom, and sides
Spacing	Single-spaced text, with double spacing between paragraphs.

Table 6: Document formatting

3.02.3 Personnel

Applicants must assure that staff persons are qualified and adequately trained to perform the activities described in the Work Plan. Key personnel have responsibilities for managing components of the MCH subgrant and will be considered contact personnel for communications with the DHHS. Applicants must have contingency plans in place that identify who will take over the tasks of key personnel when positions are vacated.

Provide information for key personnel and additional personnel associated with this application. Include the information in the *Personnel Detail* (ATTACHMENT F). Describe the executive, management, technical, and professional staff who would perform duties related to this *Work Plan* (ATTACHMENT C). Include the number of staff, their roles, and their expertise and experience in providing these types of services. Provide evidence for any necessary applicable professional licenses required by law by listing the license number associated with the professional personnel.

3.02.4 Notification of Personnel Changes

Applicants must contact the State office in writing when there is a change in the program and finance personnel involved in the MCH Subgrant.

3.03 Organization Management

Successful Applicants must demonstrate organizational capacity to manage the MCH subgrant, provide services or carry out activities, and build relationships with community partners.

Complete the *Organization Overview* (ATTACHMENT C) indicating the Applicant's background and history of grants management.

Complete the *Management Plan* (ATTACHMENT D) addressing each item. Identify those activities to be carried out by a contractor, and indicate how the contractor will meet the requirements. Successful Applicants selected through this competition must directly perform financial management and project oversight activities, i.e. those roles cannot be conducted on the Applicant's behalf by a contractor.

The Applicant must assure that all contractors that will be performing activities or services under the grant understand and follow all requirements as outlined in this RFA. Complete *Contractor Information* (ATTACHMENT F) for all individuals or organizations performing as a contractor.

3.04 Narrative and Work Plan

As previously stated, the proposal is to be developed based on a planning process that identified needs and desired outcomes that are congruent with the subsection 1.04 MCH/CSHCN Priorities, Population and Evidence-based Practices (Table 1). Proposed activities should both be supported by a community-level needs assessment and be congruent with this RFA. **Applicants are strongly discouraged from forcing or molding activities which do not "fit" either the needs assessment or the RFA.**

The Narrative and Work Plan should clearly demonstrate the following:

a. an assessment process that identified a need;

b. an understanding of the problem and target population;

c. an articulation of intervention/activities that are preferably based on evidence;

d. a connection between the proposed intervention/activities and outcomes;

e. proposed objectives and performance measures; and

f. a timeline for implementation and reporting of performance measures.

3.04.1 Narrative Content

The narrative should be **limited to a total of 30 pages**. Clear and concise narrative is helpful to the Evaluation Committee. Unnecessary verbiage can detract from evaluation and scoring.

a. Community Level Needs Assessment

In this section, applicants are to summarize a recent community-level needs assessment that included the MCH population and to clearly describe how that assessment is congruent with the purposes of the RFA. This description should show how the needs and priorities identified at the community level are related to the goals and intended outcomes of this RFA.

The summary should optimally include information or data on the health status of the community's MCH population, information on accessibility of health and health-related services in the community, a description of the community's capacity to address needs, and its unique characteristics, including demographics. Summarize the assessment stating the major health needs and systems issues that were identified which support the rationale for the proposed activities as well as their relationship to the purpose and requirements of this RFA.

Indicate the entity or entities that conducted the needs assessment and when, and focus on the needs assessment findings of specific relevance to the MCH population and the proposed project. This summary likely will best be accomplished by a combination of narrative, charts, tables, and/or maps. Citations of referenced materials are expected.

b. Selected Target Population(s) and MCH/CSHCN Priority(ies)

In this section, describe the target populations and identify which of the ten MCH/CSHCN priorities were chosen as relevant to the applicant's community and for the proposed project. Clearly describe the process for utilizing the community level needs assessment to identify the population(s) and priority(ies) for the application. Include a description of organizations or individuals involved in this process, the deliberation methods used, and any special considerations of relevance.

c. Goals and Desired Outcomes

Provide in narrative form details about the chosen goal(s) and desired outcome(s) for the proposed project. This narrative should be detailed enough that members of the Evaluation Committee will understand what impact the proposed project is intended to have. The goal(s) and desired outcome(s) should be based on and relevant to the Community Level Needs Assessment and the Selected Target Population(s) and MCH/CSHCN Priority(ies).

d. Methodology

In this section, describe the methodology (strategies) to be used to achieve the project goals and desired outcomes. Include details on any evidence-based practices or programs selected:

1. Source of evidence review/rating,
2. Proven outcomes of practice or model and fit with project's desired outcome(s)
3. Consideration of participant and/or community acceptance of practice or model
4. Proposed adaptations and acceptability of such adaptions for a given program (if applicable)
5. Other considerations as described in subsection 1.02.2.

Provide sufficient detail for the Evaluation Committee to determine and score the suitability of any evidence-based practice or model selected and the appropriateness of the plan for implementation, including adaptations. Also describe the key steps and actions necessary to carry out the project, such as training, partnership development, protocol development, etc. Describe any barriers or weaknesses of the chosen methodology or strategies and how these will be resolved.

Utilization of a logic model is strongly encouraged, showing the relationship between the desired outcomes and the proposed methods or strategies. A logic model shall be included if the application requests funds for an evaluation, as described in the following subsection e. A typical logic model would include these components:

Inputs or Resources	Actions to carry out method	Outputs	Outcomes		
			Short Term	Midterm	Long Term

If preparing a logic model, it should be included as an attachment.

e. Evaluation Plan

The Applicant should provide a summary of overall evaluation plans, but provide in more detail the plans for process evaluation. Process evaluation assesses the extent to which a program/project is operating as intended. This plan should demonstrate how performance measures will be used to perform process evaluation. The process evaluation must include a way to identify the need for work plan adjustments (if/when necessary) so results can be achieved. For additional information about performance measures, see 3.04.3 Measurement of Performance.

The evaluation design and method(s) will depend on each Applicant's unique circumstances, such as the scope of the project, selecting an evidence-based practice or evidence-based program, the budget, and Applicant capacity for evaluation. The scope of projects under this RFA may, or may not, warrant that the Applicant seek an outside evaluator for outcome evaluation. It is expected that the Applicant can conduct effective process evaluations using a well-designed Evaluation Plan without the assistance of an outside evaluator.

3.04.2 Work Plan

A work plan is required. This work plan is to include objectives that provide the means to measure progress in carrying out the project and ultimately achieving the project goals. Applicants are to include both process objectives and short-term outcome objectives for a 2-year project period. All objectives should be specific, measurable, achievable, realistic, and time framed. A template for writing an objective is provided below:

By _____, _____of _____will_____.
(when) (% or % change) (who) (what result, change, benefit)

Each objective should have a series of activities, resources (research, products, staff, and partners) and a timeline for achieving the stated objective. A template is provided for the *Work Plan* (ATTACHMENT B).

3.04.3 Measurement of Performance

The measurement of performance is meant to improve program delivery and effectiveness. The objectives identified in the proposal must be systematically monitored and measured for progress toward the desired outcomes and the overall goal. This will be done through performance measures. Each objective should have three corresponding performance measures that address 1) quantity, 2) quality, and 3) result.

When selecting performance measures, be careful not to confuse the measure with the planned activities to achieve it. Measures are not activities. Measures are statements that identify whether an expected level of achievement is reached. The correct performance measure(s) is dependent on the goal, outcomes(s), and objectives of the Work Plan, as well as the resources that can be committed to achieving the desired results. Carefully select only three measures for each objective that will best identify whether or not the activities and resources are contributing to achievement of the objective. To illustrate the relationship between elements, a sample work plan is provided in the *Work Plan* ATTACHMENT B.

Below is a brief description of the three types of measures that are required:

a. **Measures of Quantity:** This is a measurement of effort and is the most common type of data collected by a program or project. This answers questions about what is being produced and how much was provided. Examples are the number served and demographics, or the number of activities.

b. **Measures of Quality:** This is a measurement of effort that answers questions about how well the program/activity did in meeting an objective. Examples of measures of quality are motivation, satisfaction, knowledge, and awareness of participants or the target population as well as the accuracy, accessibility, and timeliness of the intervention/activity.

c. **Measures of Result:** This is a measurement of effect that answers questions about how well your effort worked for those you are targeting and whether the expected change occurred. Some examples are the number and percent who perform as expected (now and across time) or number and percent reporting a change in behavior.

3.05 Budget

This section contains information and instructions for completing the required parts of the Budget: the *Personnel Cost Worksheet* (ATTACHMENT G), the *Budget Justification* (ATTACHMENT I), and the *Line Item Budget* (ATTACHMENT J). Applicant shall prepare a Budget for each fiscal year period (FY 2015 and FY 2016).

The samples of the budget forms provided in this RFA are brief and incomplete and are intended to illustrate the relationship between the required parts of the Budget. The application shall contain a fully-developed budget to correspond to the proposed program / project. Applicant shall select cost categories and items of cost that are: relevant to the Work Plan; allowable, allocable and reasonable costs; comply with Administrative Requirements; and, demonstrate adequate and allowable match.

3.05.1 Maximum Funding Request

The request for subgrant funds shall not exceed $150,000 per fiscal year. Year 2 shall be level or less than the Year 1 request of subgrant funds.

3.05.2 Minimum Match

For each fiscal year Budget, match shall be at least 20% of the total project costs. Applicants are strongly encouraged to use the Match Calculator (ATTACHMENT H), a fillable worksheet, to ensure that the budget includes minimum match.

INSTRUCTIONS: In the cells highlighted yellow, enter the value of "total project costs" and "cash and/or inkind" (match) from the budget. The minimum match required is 20% of total project costs. The calculation result will display when data is entered. If the minimum match is not budgeted, adjust budget accordingly.

	total costs – match = subgrant request			data source/calculation
1	total project costs	$	181,000.00	budget
2	match	$	37,000.00	line 2a + line 2b
3	subgrant request	$	144,000.00	line 1 - line 2
4	% match		20.44%	line 2 ÷ line 1
5	*OK for minimum match.*			
2a	cash	$	29,500.00	budget
2b	inkind	$	7,500.00	budget

Table 7: Match Calculator

Use the Budget Justification to briefly describe the source and type of match that demonstrates Applicant's capacity to provide matching funds if awarded subgrant funds. The Budget Justification shall clearly describe the type of match as cash or in kind (see Appendix 3: Glossary).

3.05.3 Federal Financial Assistance Requirements

In preparing the Budget, Applicants shall refer to the Office of Management and Budget (OMB) Circulars as applicable to Applicant organization. The current OMB Cost Principles and the OMB Administrative Requirements are delineated within Circulars by entity type. *(See Appendix 1 re:*

transition to uniform requirements). The requirements for expenditure of federal awards are found in the OMB Circulars, e.g. allowable, allocable, reasonable costs.

3.05.4 Other Budget Considerations

The Budget shall contain detail sufficient to show the items of cost that comprise a budget category. Budget categories are useful for organizing and clarifying line items.

Critical considerations in developing a budget include, but are not limited to, the following:

a. "Miscellaneous" is not an acceptable budget category and line item as it does not provide an adequate description to evaluate the budget.
b. Each item of cost must be treated consistently in like circumstances either as a direct or an indirect cost, *e.g.* direct costs cannot include costs already reflected in an indirect cost rate, if an indirect cost rate is proposed.
c. Use the following "order of preference" (Table 8) to budget indirect costs, selecting the method most relevant to the Applicant organization:

1st preference	**If there is a federal cognizant agency**, use the Indirect Cost (IDC) rate agreement negotiated by it. Attach a copy of the Applicant's most current indirect cost rate agreement which supports the use of the "indirect costs" line item. A negotiated cost rate agreement is typically with an organization's federal cognizant agency, i.e. if the Applicant receives federal funds directly.
2nd preference	**If there is not a federal cognizant agency**, use the IDC rate agreement negotiated by the state cognizant agency. For example, in the event the Applicant receives federal funds only as passthrough from the primary recipient of a federal award, the cognizant agency is the primary recipient, or typically a state agency.
3rd preference	**If the Applicant does not have a current negotiated IDC rate**, the U.S. Department of Health and Human Services Grant Policy Directive (referred to as "1/2 or 10%") may be used. See http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf for the Grants Policy Statement by the U.S. Department of Health and Human Services. In particular, pages II-26 – II-28 "Reimbursement of Indirect Costs", states: *"If the GMO determines that a recipient does not have a currently effective indirect cost rate, the award may not include an amount for indirect costs unless the organization has never established an indirect cost rate (usually a new recipient) and intends to establish one. In such cases, the award shall include a provisional amount equaling one-half of the amount of indirect costs requested by the applicant, up to a maximum of 10 percent of direct salaries and wages (exclusive of fringe benefits). If the recipient fails to provide a timely proposal, indirect costs paid in anticipation of establishment of a rate will be disallowed." (emphasis added)* If the Applicant exercises this option, include in the Budget Justification the rationale (calculations) for the rate requested. This is considered a provisional rate. During the award period the Applicant must complete their determination of an indirect cost rate under provisions of either option #1 or #2. If the Applicant does not complete an IDC rate determination during the award period, the Applicant will be required to return any funds awarded based on the provisional rate.
4th preference	**Applicant may choose to direct cost** the *allocable* portion of costs associated with multiple programs. The methodology for allocable costs, as determined by the Applicant, should be well documented as it is subject to audit. (See the OMB Circular addressing cost principles as relevant by type of entity of Applicant. The OMB Circulars are on-line at http://www.whitehouse.gov/omb/circulars).

Table 8: Order of preference to claim indirect costs

3.05.5 Personnel Costs

Expenses in this category include salary or hourly wage for time allocable to the subgrant, and the associated fringe benefits of employees of Applicant organization, e.g. vacation, sick leave, holiday and other paid time off. Benefits may include taxes, retirement plans and insurance premiums (health, dental disability, life and workers compensation).

The *Personnel Detail* (ATTACHMENT E) does not contain budget information, although the description of personnel from that completed form shall accurately correspond to the *Personnel Cost Worksheet* (ATTACHMENT G), which shall subsequently correspond to personnel costs in the *Budget Justification* and the *Line Item Budget.*

3.05.6 Budget Justification

An acceptable *Budget Justification* describes the need for and shows the calculations of each item of cost. The sample *Budget Justification* illustrates possible categories / line items.

The Budget Justification is a required process using instructions in ATTACHMENT I. The fillable worksheet is available at www.dhhs.ne.gov/TitleV_MCH. If Applicant chooses another method to present the Budget Justification, it must be in a similar format to provide the required information.

Enter the category headings and line item descriptions that fit the unique characteristics of the Applicant organization and the grant budget. For each line item, mark the box (by clicking on it with the computer mouse) for either subgrant funds or match. Identify the type of match, i.e. cash or in-kind. If the match is cash, identify the original source of the non-federal funds. If in-kind, identify the calculations to assess value to third-party contributions.

In addition to showing calculations, explain in the narrative section of the form the method used to allocate expenditures to more than one funding source, as relevant.

3.05.7 Line Item Budget

As a counterpart of the *Budget Justification* (ATTACHMENT I), the *Line Item Budget* (ATTACHMENT J) must contain the exact budget categories, line items, and $ amounts as those in the Applicant's *Budget Justification*.

The required Line Item Budget worksheet is available at www.dhhs.ne.gov/TitleV_MCH. Instructions are located in the bottom tab "Instructions". Parts of the Budget and Expense Report worksheets are protected to prevent accidental deletion of formulas that calculate the budget-to-expenditure checks and cumulative totals. Information and values can be entered only in cells highlighted yellow. Click on the tab "Budget and Revisions" to complete the budget. Enter the applicant organization name, disregarding the Subgrant # _____-Y3 which is assigned if an award is offered. Enter the within categories the items of costs for both grant and match in the worksheet, focusing only on the columns headed 'Budget Line Items' and 'Original approved budget'. The remaining columns in the worksheet are reserved for budget revisions if Applicant is awarded a subgrant. Applicants should also disregard the worksheets labeled in the bottom tabs for 1st Quarter, 2nd Quarter, etc. which are used for reporting expense if the application is successful and a subgrant award is made.

3.05.8 Evaluation of the Budget

The evaluation of the Budget will be based on the following criteria. Items 1-4 are described in the federal OMB Cost Principles and Administrative Requirements applicable for the applicant's entity type. Items 5-7 are described within this RFA.

1. Allowable costs;
2. Reasonable costs;
3. Allocable costs;
4. Administrative requirements;
5. The degree to which the cost is relevant to the Work Plan;
6. Grant funding request does not exceed $150,000 per year;
7. The request for subgrant funds for Year 2 is no greater than Year 1 subgrant fund request; and
8. Matching is at least 20% of total project cost.

Section 4 – Appendices (for reference)

Appendix 1: Statutory and Regulatory Compliance

The Subrecipient shall comply with Title V of the Social Security Act of 1935, codified at 42 USC 701 – 709. http://www.ssa.gov/OP_Home/ssact/title05/0501.htm.

Prohibitions: Title V/MCH Block Grant funds may NOT be used for:

1. inpatient services, other than inpatient services provided to children with special health care needs or to high-risk pregnant women and infants and such other inpatient services as the Secretary may approve;
2. cash payments to intended recipients of health services;
3. the purchase or improvement of land, the purchase, construction, or permanent improvement (other than minor remodeling) of any building or other facility, or the purchase of major medical equipment;
4. satisfying any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
5. providing funds for research or training to any entity other than a public or nonprofit private entity; or

6. payment for any item or service (other than an emergency item or service) furnished

    a. by an individual or entity during the period when such individual or entity is excluded from providing service under the Maternal and Child Health Act or Title XVIII (Medicare), Title XIX (Medicaid) or Title XX (Services for Families, Children, Aged or Disabled) of the Social Security Act pursuant to section 42 U.S.C. 1320a-7, 42 U.S.C. 1320a-7a, 42 U.S.C. 1320c-5, or 42 U.S.C. 1395u(j)(2) of the Social Security Act; or

    b. at the medical direction or on the prescription of a physician during the period when the physician is excluded from providing services in the Maternal and Child Health program or Title XVIII (Medicare), Title XIX (Medicaid) or Title XX (Services for Families, Children, Aged and Disabled) of the Social Security Act pursuant to 42 U.S.C. Section 1320a-7, 42 U.S.C. Section 1320a-7a, 42 U.S.C. Section 1320-5, or 42 U.S.C. 1395u(j)(2) of the Social Security Act and when the person furnishing such item or service knew or had reason to know of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).

The Subrecipient shall comply with federal grants management regulations.

1. The MCH Block Grant is authorized under the 1981 Omnibus Budget Reconciliation Act. The implementing regulations for this and other HHS block grant programs are published at 45 CFR 96. http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=af38e168d2bcfb31f25e9b3c7c0c6b17&rgn=div5&view=text&node=45:1.0.1.1.54&idno=45

2. Those regulations include both specific requirements and general administrative requirements for the covered block grant programs in addition to 45 CFR part 92 (the HHS implementation of the A-102 Common Rule).

3. Under 45 CFR 96, a State may adopt its own written fiscal and administrative requirements for expending and accounting for block grant funds. Nebraska DHHS chooses to defer to the federal OMB Circulars rather than adopting a state version for requirements for cost and administrative principles. Compliance with the federal grants management policies flows down to subrecipients of Nebraska's Title V / MCH Block Grant.

4. Recent reform of federal grants management policies consolidates and revises the eight current OMB circulars. The federal Office of Management and Budget (OMB) published in the December 26, 2013 *Federal Register* the new **Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards**. This Final Guidance of grant policy reform streamlines requirements from A-21, A-87, A-110, A-122, A-89, A-102, A-133, and A-50. For more information about the reform, visit https://cfo.gov/cofar/reform-of-federal-grants-policies-2/.

5. Federal agencies have one year to implement the reforms through regulation. Upon implementation, the Final Guidance will supersede requirements from the existing Circulars available at http://www.whitehouse.gov/omb/circulars_index-ffm/. Crosswalk resources from existing OMB Circulars to the Final Guidance are available at http://www.whitehouse.gov/omb/grants_docs. The transition period provides an opportunity to become familiar with the Final Guidance and to plan accordingly for its implementation.

6. Existing OMB Circulars by content:

Cost Principles

OMB A-21	Educational Institutions
OMB A-87	State, Local, and Indian Tribal Governments
OMB A-122	Non-Profit Organizations

Administrative Requirements

OMB A-102	State, Local, and Indian Tribal Governments
OMB A-110	Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations

Audit Requirements

OMB A-133	States, Local Governments, and Non-Profit Organizations

7. Existing OMB Circulars by type of entity:

States, local governments, and Indian Tribes:
OMB A-87 for cost principles
OMB A-102 for administrative requirements, and
OMB A-133 for audit requirements

Educational Institutions (even if part of a State or local government):
OMB A-21 for cost principles
OMB A-110 for administrative requirements, and
OMB A-133 for audit requirements

Non-Profit Organizations:
OMB A-122 for cost principles
OMB A-110 for administrative requirements, and
OMB A-133 for audit requirements

Appendix 2: Program Specific Allowances and Requirements

Cash Advance

1. In any fiscal year, a one-time advance up to 25% of the fiscal year budget may be requested and will be reviewed based on the following criteria and circumstances:

    a. Subrecipient must determine if other funds are available to pay for the startup costs of the activities for the 1st Quarter of a fiscal year. If other funds are not available, the written request must include a declaration that Subrecipient will suffer serious cash flow problems without a cash advance of a portion of the grant funds. The declaration and any supporting evidence or rationale shall accompany the request.
    b. Subrecipient submits a written request using the designated form in the "Procedure Manual for Subrecipients of Nebraska Maternal and Child Health Services Title V Block Grant Funds."
    c. Past performance of Subrecipient in any current and/or prior grants, contracts, cooperative agreements, or subcontracts with DHHS, with particular consideration to timely reporting or other evidence of deliverables.

2. Quarterly Deductions

    a. A cash advance will be accounted for through deductions from the reimbursement of actual expenditures. A Subrecipient receiving a cash advance will have its reimbursement request reduced by one-fourth of the advance each of the four quarterly reporting periods.
    b. When the final expenditure report is submitted, if more cash has been paid to the Subrecipient than the total amount of expenditures, the overage must be immediately refunded to DHHS.

Reporting

a. The specific reporting requirements are detailed and the worksheets are available at www.dhhs.ne.gov/TitleV_MCH.

b. Regular reporting assists in establishing a systematic framework for Subrecipients to monitor and evaluate their program / project.

c. Reporting assists DHHS with its monitoring requirements as the pass-through for federal block grant funds.

d. Reporting is one source of ongoing communication which allows Subrecipients to keep DHHS informed. Non-compliance issues and technical assistance needs may be identified in the reporting process.

e. Reporting is the mechanism that allows the reimbursement of Subrecipients' expenses related to the MCH subgrant-funded work.

f. MCH subgrant reports are submitted to DHHS on a quarterly basis. The 4th Quarter Report incorporates final reporting data tables. The Quarterly Report for MCH Grant funds includes an update of the Work Plan and a report of expenditures of grant and match.

Subrecipient Reporting Requirements for FY 2015

Report	Date Due	Period Covered
1st Qtr Work Plan Report 1st Qtr Expenditure Report	January 15, 2015	1st Qtr October 2014 November 2014 December 2014
2nd Qtr Work Plan Report 2nd Qtr Expenditure Report	April 15, 2015	2nd Qtr January 2015 February 2015 March 2015
3rd Qtr Work Plan Report 3rd Qtr Expenditure Report	July 15, 2015	3rd Qtr April 2015 May 2015 June 2015
4th Qtr/Final Work Plan Report 4th Qtr/Final Expenditure Report Final Data Tables	Nov. 30, 2015	4th Qtr July 2015 August 2015 September 2015

Subrecipient Reporting Requirements for FY 2016

Report	Date Due	Period Covered
1st Qtr Work Plan Report 1st Qtr Expenditure Report	January 15, 2016	1st Qtr October 2015 November 2015 December 2015
2nd Qtr Work Plan Report 2nd Qtr Expenditure Report	April 15, 2016	2nd Qtr January 2016 February 2016 March 2016
3rd Qtr Work Plan Report 3rd Qrt Expenditure Report	July 15, 2016	3rd Qtr April 2016 May 2016 June 2016
4th Qtr/Final Work Plan Report 4th Qrtr/Final Expenditure Report Final Data Tables	Nov. 30, 2016	4th Qtr July 2016 August 2016 September 2016

Appendix 3: Glossary

access: Often defined as the potential and actual entry of a population into the health care system and by features such as private or public insurance coverage. The probability of entry is also dependent upon the wants, resources, and needs that patients may bring to the care-seeking process. Utilization rates and subjective evaluations of care describe actual entry into the system. Ability to obtain wanted care or the distance one has to travel, waiting time, and total income may also influence needed services, and whether one has a regular source of care.

activities: Describe the steps of a planned intervention.

adaptation: In the context of implementing an evidence-based program or model, it is the process or state of changing the model or program to fit new circumstances or conditions. Adaptations that are commonly considered not to impact fidelity to the model or program are: names of health care centers or systems, pictures of people and places and quotes, hard-to-read words that affect reading level, ways to reach your audience, incentives for participation, timelines, and cultural elements based on population. Adaptions that would significantly impact fidelity include: deleting whole sections of the program, putting in more strategies, and changing the health communication model or theory. (**Adapting Evidence-Based Programs to Meet Local Needs, May 14, 2010,** *The Illinois Department of Public Health and Illinois Public Health Institute Center for Community Capacity Development)*

allowable costs: Allowable costs are those necessary and reasonable for proper and efficient performance and administration of Federal awards. See Office of Management and Budget (OMB) Cost Principles relevant by type of entity.

audits: Fiscal review performed by an independent auditor (CPA) with a formal report being prepared.

budget justification: Details about what funds will be spent on and how dollars were figured in development of the budget. Describes how planned expenditures will support proposed activities.

CLAS Standards: Culturally and Linguistically Appropriate Services in Health and Health Care are more fully described in Appendix 4.

capacity: Includes delivery systems, workforce, policies, and support systems, and other infrastructure needed to maintain services delivery and policy-making activities.

cash match: Non-federal grant source, agency cash, donations, fees, insurance payments or Medicaid reimbursement. Medicaid is a state-federal partnership. Medicaid payments include federal funds. This is an allowable source of cash match since Medicaid programs are state-operated and financed in part by state funds.

children: A child from 1st birthday through the 21st year, who is not otherwise included in any other class of individuals. *(Note: Pregnant teens are categorized as Pregnant Women, Not Children. See definition of Pregnant Women in the Glossary.)*

children with special health care needs (CSHCN):

> ***(For budgetary purposes)*** Infants of children from birth through the 21st year with special health care needs who the State has elected to provide with services funded through Title V.

CSHCN are children who have health problems requiring more than routine and basic care including children with or at risk of disabilities, chronic illnesses and conditions and health-related education and behavioral problems.

(For planning and systems development) The following is a non-categorical framework which uses three definition components. All three elements must exist for a child to be classified as having a chronic health condition. This approach defines ongoing health conditions in children ages *birth to 21 years of age* as disorders that:

1. Have a biologic, psychologic, or cognitive basis, *and*
2. Have lasted or are virtually certain to last for at least 1 year (or result in death), *and*
3. Produce *2 or more* of the following sequelae:
   a. Limitation of function, activities, or social role in comparison with healthy age peers in the general areas of physical, cognitive, emotional, and social growth and development.
   b. Dependency on one of the following to compensate for or minimize limitation of function, activities, or social role:
      (1) medications
      (2) special diet
      (3) medical technology
      (4) assistive technology
      (5) personal assistance
   c. Need for medical care, mental health care, or other health-related services over and above the usual for the child's age, or for special ongoing treatments, interventions, or accommodations at home or in school.

collusion: A secret agreement or cooperation between two or more persons or entities to accomplish a fraudulent, deceitful or unlawful purpose.

community-based care: The blend of health and social services provided to an individual or family in their place of residence for the purpose of promoting, maintaining, or restoring health or minimizing the effects of illness and disability.

cost: Expenses incurred in the provision of services or goods. Many different kinds of costs are defined and used (see allowable, direct, indirect, and operating costs). Charges, the price of a service or amount billed an individual or third party, may or may not be equal to service costs.

cost center: Expenses incurred in the provision of services or goods. Many different kinds of costs are defined and used (see allowable, direct, indirect, and operating costs). Charges, the price of a service or amount billed an individual or third party, may or may not be equal to service costs.

culturally competent: Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

direct cost: A cost which is identifiable directly with a particular activity, service, or product of the program experiencing the costs. The costs must be specifically identified in and for the purpose of accomplishing what is described in the grant Application. These costs do not include the allocation of costs to a cost center, which are not specifically attributable to that cost center. (contrast with indirect cost)

direct services: Direct services are those services generally delivered one-on-one between a professional and a patient or client in an office, clinic, or other setting which may include physicians, registered dietitians, public health or visiting nurses, social workers, nutritionists, dentists, dental hygienists, audiologists, therapists (occupational, physical, mental health, etc.), and counselors. Also includes services provided by lay and para professional staff such as dulas and peer counselors.

evaluation: Systematic study conducted to assess how a program/intervention is working. An evaluation typically examines achievement of objectives in the context of other aspects of program performance or in the context in which it occurs.

Evaluation Committee: A committee (or committees) appointed by the requesting agency that advises and assists in the evaluation of applications.

evidence-based practice: An approach, framework, collection of ideas or concepts, adopted principles and strategies supported by research.

evidence-based Program: Programs comprised of a set of coordinated services/activities that demonstrate effectiveness based on research. Such programs may incorporate a number of evidence-based practices in the delivery of services, often in prescribed dosages, intensity, and/or duration.

family-centered care: A system or philosophy of care that incorporates the family as an integral component of the health care system.

federal allocation: For the federal Title V / Maternal and Child Health (MCH) Services Block Grant, the monies appropriated to the States under in a given year with obligation and spending authority for that year and the succeeding year.

fiscal year (FY): For the federal Title V / Maternal and Child Health (MCH) Services Block Grant, it is the period October 1 through September 30.

grant year: For MCH subgrants, it is the period October 1 through September 30.

health equity: Equity in health is the absence of systematic disparities in health (or in the major social determinants of health) between groups with different levels of underlying social advantage/disadvantage-that is, wealth, power, or prestige.

indirect cost: A cost which cannot be identified directly with a particular activity, service, or product of the entity incurring the cost. Indirect costs are those that have been incurred for common or joint purposes. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the result achieved. Indirect costs are usually allocated among an entity's services in proportion to each service's share of direct costs. Because of the diverse characteristics and accounting practices of governmental units, the types of costs, which may be classified as indirect costs, cannot be specified in all situations. However, typical examples of indirect costs, may include certain general administration of the grantee department or agency, accounting and personnel services performed within the grantee department or agency, and the costs of operating and maintaining facilities. (Contrast with indirect cost.)

infants: Children less than one year of age not included in any other class of individuals.

infant mortality: The death of a live-born infant before its first birthday.

infrastructure building: Activities directed at developing and/or maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care that are family centered, community based and culturally competent.

in-kind: A third-party contribution; a value assessed to a service or product not paid with cash.

interconception: The time between pregnancies, including, but not restricted to, the postpartum period.

low birth weight: Babies born weighing less than 5 pounds, 8 ounces (2,500 grams) are considered low birthweight.

life course health: How risk factors, protective factors, and early-life experiences affect people's long-term health and disease outcomes.

management plan: The procedures for successfully managing activities including the organizational structure, staff responsibilities and qualifications.

mandatory: Required, compulsory or obligatory.

matching: The value of allowable third-party in-kind contributions and the allowable costs of a federally assisted project or program not borne by the federal government.

may: Denotes discretion.

measurement of performance: The quantitative basis by which objectives are established and performance is assessed and gauged.

Medicaid: A federally funded, state operated program of medical assistance to people with low incomes, authorized by Title XIX of the Social Security Act. Under broad federal guidelines the individual states determine benefits, eligibility, rates of payment and methods of administration.

morbidity: The extent of illness, injury, or disability in a defined population. It is usually expressed in general or specific rates of incidence or prevalence.

mortality: Death. Used to describe the relation of deaths to the population in which they occur. The mortality rate (death rate) expresses the number of deaths in a unit of population within a prescribed time and may be expressed as crude death rates (e.g., total deaths in relation to total population during a year) or as death rates specific for diseases and, sometimes, for age, sex or other attributes (e.g., number of deaths from cancer in white males in relation to the white male population during a given year).

must: Denotes the imperative, required, compulsory or obligatory.

needs assessment: A systematic process of identifying the needs of a population within a jurisdiction for the purpose of setting priorities to improve conditions

non-profit status: (*proof of):* Any of the following is acceptable evidence of non-profit status: (a) a reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code; (b) a copy of a currently valid IRS tax exemption certificate; (c) a statement from a State taxing body, State Attorney General, or other appropriate State Official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals; (d) a certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status; (e) any of the above proof for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

objective: Identifies a change that is desired, is measurable over a specific period of time and for a specific target group. Objectives form the basis of program activities.

obligated costs: The amounts of orders placed, contracts awarded, goods and services received, and similar transactions during a given period that will require payment by the non-Federal entity during the same or a future period.

operating cost: In the health field, the financial requirements necessary to operate an activity which provides health services. These costs normally include the costs of personnel, materials, overhead, depreciation, and interest.

others: Women of childbearing age, over age 21, and any others defined by the State and not otherwise included in any of the other listed classes of individuals.

outcome: The statement of an intended result.

overhead: The general costs of operating an entity which are allocated to all the revenue producing operations of the entity but which are not directly attributable to a single activity. For a hospital, these costs normally include maintenance of plant, occupancy costs, housekeeping, administration, and others.

performance management system: The continuous use of practices, e.g. performance measures, quality improvement, and reporting, and integrated into an organization’s core operations

planning: The establishment of goals, policies, and procedures for the accomplishment of a goal, outcome or objective.

policy: A course of action adopted and pursued by a government, party, statesman, or other individual or organization; any course of action adopted as proper, advantageous, or expedient. The term is sometimes used less actively to describe any stated position and matters at issue, *i.e.*, an organization's policy statement on national health insurance. Policies bear the same relationship to rules (regulations) as rules do to law, except that unlike regulations, they do not have the force of law.

population-based health: Focuses on entire populations, is grounded in an assessment of the population’s health, considers the broad determinants of health, emphasizes all levels of prevention,

and intervenes with communities, systems, individuals and families. (Adapted from Minnesota Department of Health, Center for Public Health Nursing, March, 2003.)

preconception care: A set of interventions that aim to identify and modify biomedical, behavioral, and social risks to a woman's health or pregnancy outcome through prevention and management. Improving preconception health and pregnancy outcomes requires more than effective clinical care for women. Changes in the knowledge and attitudes and behaviors related to reproductive health among both men and women need to be made to improve preconception health. (Taken and adapted from: http://www.cdc.gov/mmwR/preview/mmwrhtml/rr5506a1.htm)

pregnant woman: A female from the time that she conceives to 60 days after birth, delivery, or expulsion of fetus.

prenatal care: Care of the pregnant woman before delivery of the infant. Monitoring and management of the woman during pregnancy to prevent complications of pregnancy and promote a health outcome for the mother and infant.

preterm birth: A baby born before 37 weeks of pregnancy is considered a **preterm** or **premature birth.**

primary prevention *(as compared to secondary and tertiary)***:** The classic definitions used in public health distinguish between primary prevention, secondary prevention, and tertiary prevention (Commission on Chronic Illness, 1957). Primary prevention is the prevention of a disease before it occurs; secondary prevention is the prevention of recurrences or exacerbations of a disease that already has been diagnosed; and tertiary prevention is the reduction in the amount of disability caused by a disease to achieve the highest level of function.

program income: Program income is gross income received by the grantee or subrecipient directly generated by a grant supported activity, or earned only as a result of the grant agreement during the grant period.

project period: The timeframe defined by an RFA to perform a Work Plan. For the MCH subgrants under this RFA, this is a two-year period, unless a subrecipient does not reapply or is not approved for continuation funding in the interim years.

public health: 1) The science dealing with the protection and improvement of community health by organized community effort. Public health activities are generally those which are less amenable to being undertaken by individuals or which are less effective when undertaken on an individual basis and do not typically include direct personal health services. Public health activities include: immunizations; sanitation; preventive medicine, quarantine and other disease control activities; occupational health and safety programs; assurance of the healthfulness of air, water, and food; health education; epidemiology, and others.

2) Application of scientific and technical knowledge to address community health needs, thereby preventing disease and promoting health. Core functions include collecting and analyzing data, developing comprehensive policies for entire populations, and assuring that appropriate services are delivered to all.

revenue: The gross amount of earnings received by an entity for the operation of a specific activity. It does not include any deductions for such items as expenses, bad debts, or contractual allowances.

scope of work: Work plan activities for the provision of MCH services or development, implementation and maintenance of MCH infrastructure.

shall: Denotes the imperative, required, compulsory or obligatory.

should: Indicates an expectation.

social determinants of health: Both specific features of and pathways by which societal conditions affect health and that potentially can be altered by informed action. Examples are income, education, occupation, family structure, service availability, sanitation, exposure to hazards, social support, racial discrimination, and access to resources linked to health.

social ecological model: A framework that can be used to guide health promotion and disease prevention interventions. In this model, behavior is viewed as affecting and being affected by multiple levels of influence: 1) intrapersonal or individual factors; 2) interpersonal factors; 3) institutional or organizational factors; 4) community factors; and 5) public policy factors.

sovereignty: Total independence and self-government. A territory existing as an independent state.

sovereign nation: Self-governing, independent nation.

subrecipient: A nonfederal entity that expends federal awards received from a pass-through entity to carry out a federal program, but does not include an individual that is a beneficiary of such a program.

system: A system is a set of interrelated components working together towards some kind of process. First, all systems are goal oriented: they have a specific function. Second, systems have inputs from their environment on which they act. Next, systems have outputs: products that they send out to their environment. Lastly, systems obtain feedback from the environment that offers information about their outputs.

systems change: Making change that endures and which are at the heart of the organization. Such change is systematic, takes time, planning and patience. Such change is not done by just tweaking parts of the system in isolation. It means ultimately impacting change across all elements of the system.

systems development: Activities involving the creation or enhancement of organizational infrastructures at the community level for the delivery of health services and other needed ancillary services to individuals in the community by improving the quality of service capacity of health care service providers.

system-level approach: Steps in a system-level approach include: 1) Identify the system. Not all things are systems. Some systems are simple and predictable, while others are complex and dynamic. Most human social systems are the latter. 2) Explain the behavior or properties of the

whole system. 3) Explain the behavior or properties of the thing to be explained in terms of the role(s) or function(s) of the whole.

terms and assurances: Document agreed upon by both DHHS and Subrecipient regarding conditions placed on the subgrant.

underinsured: People with public or private insurance policies that do not cover all necessary medical services, resulting in out-of-pocket expenses that exceed their ability to pay.

uninsured: People who lack public or private health insurance.

unintended pregnancy: According to questions included in the National Survey of Family Growth, a pregnancy identified as either unwanted or mistimed.

will: Denotes the imperative, required, compulsory or obligatory.

Appendix 4: National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS)

National CLAS Standards

What are the National CLAS Standards?

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the *National CLAS Standards*) are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

From 2010 to 2012, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative. Each of the Standards was revised for greater clarity and focus. The original National CLAS Standards designated each Standard as a recommendation, mandate, or guidelines. The CLAS Standards were enhanced to:

- promote collective adoption of all Standards to be viewed as equally important to advance health equity, improve quality, and help eliminate health care disparities;
- elevate the previous Standard 1 to the Principal Standard;
- add a new Standard focused on the role of governance and leadership relative to CLAS to emphasize the importance of CLAS being integrated throughout an organization, which requires a bottom-up and top-down approach to advancing and sustaining CLAS;
- reframe the Standards in three themes to clarify intent and broaden the scope of their interpretation and application; and
- begin each of the 15 Standards with an action word to emphasize how the desired goal may be achieved.

How are the Standards Implemented?

Accompanying the National CLAS Standards is a technical assistance document entitled, The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Sustaining CLAS Policy and Practice (The Blueprint), which aims to provide comprehensive, but not exhaustive, information on each Standard. The *Health Care Language Services Implementation Guide* is available at https://hclsig.thinkculturalhealth.hhs.gov/.

The Enhanced National CLAS Standards

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Visit https://www.thinkculturalhealth.hhs.gov/Content/clas.asp to access the National CLAS Standards and a variety of accompanying documents.

Section 5 – Attachments (fillable forms)

Attachment A: Letter of Intent to Apply

This is a declaration of *Intent to Apply* for Nebraska MCH Subgrant.

Applicant Organization	
Authorized Official; name and title	
Street Address	
City, State, Zip	
Phone	
Fax	
E-mail	

This organization is proposing to perform grant activities in the following counties:

County
1.
2.
3.
4.

_____ _____

Signature of Executive Director Date

Potential applicants are strongly encouraged to submit this *Letter of Intent to Apply* by email, as an attachment, to Rayma Delaney, rayma.delaney@nebraska.gov by May 27, 2014.

Attachment B: Work Plan

This sample is brief and incomplete and is intended to demonstrate the relationship between elements. Application should include a fully-developed Work Plan for the two-year project period using this required form.

Goal : Reduce percent of school-age children who are overweight and obese in Community XYZ.							
Outcome: School Districts in XYZ provide nutritious and appealing school meals that comply with the "Dietary Guidelines for Americans".							
Objective(s)	**Activities**	**Timeline**					**Resources**
		YR	**Q1**	**Q2**	**Q3**	**Q4**	
1) By September 30, 2013, 90% of schools in XYZ will use healthy food preparation methods and purchasing techniques.	1.1 Form working group representing school administrators and food service managers.	1	X				project and school personnel
	1.2 Review guidelines and standards	1	X				project and school personnel
	1.3 Determine consensus work plan on improvements for food preparation and purchasing	1		X			workgroup and project staff
	1.4 Selected schools pilot work plan	1		X			pilot schools and project staff
	1.5 Evaluate pilot and update work plan	1			X		workgroup and project staff
	1.6 Train and support all schools in work plan implementation	1				X	project staff participating schools

Performance Measures: Objective 1

1) 90% of schools in district participate in work group *(quantity; effort)*
2) Two (2) schools complete pilot of consensus work plan *(quality; effort)*
3) 90% of schools are implementing piloted and updated work plan *(result; effect)*

Objective(s)	Activities	Timeline					Resources
		YR	Q1	Q2	Q3	Q4	
2)	2.1						
	2.2						

Performance Measures: Objective 2

Attachment C: Organization Overview

Organization Name:_____

Completed by: _____Title: _____

Date Completed: _____

Organizational Structure	Identify the legal structure and state of incorporation or registration, if applicable	Description:
	Evidence of authorization to do business in Nebraska	Check the type of organization of the applicant agency: ☐Governmental (County, State, City, or other governmental organization) ☐Non-profit/501(c)3 ☐Other If marked "Other", Applicant must be currently registered with the Nebraska Secretary of State's office to do business in Nebraska or agrees to register if Applicant is awarded a subgrant.
Background & Overview	History of Organization	

	Mission statement	
	Vision statement	
Subgrant or Contract History with DHHS	Has the Applicant or a contractor held a subgrant or contract with DHHS in the past 3 years?	☐No ☐Yes (If yes, complete information below. Additional lines may be added.)
	Subgrant or Contract: Contact person(s): Telephone: Brief description:	
	Subgrant or Contract: Contact person(s): Telephone: Brief description:	

	Subgrant or Contract: Contact person(s): Telephone: Brief description:	
Disclosure of Litigation *	Is there any litigation, administrative, or regulatory proceedings pending or threatened against the Applicant or its contractor(s)?	☐No ☐ Yes (If yes, complete information below)
Disclosure of Subgrant or Contract Termination * (preceding 3 years)	Has Applicant or contractor(s) terminated a subgrant or contract?	☐No ☐ Yes (If yes, complete information below)
	Has Applicant or contractor(s) had a subgrant or contract terminated?	☐No ☐Yes (If yes, complete information below)
	Subgrant or Contract: Contact person(s): Telephone: Brief description of incident:	
	Subgrant or Contract: Contact person(s): Telephone:	

	Brief description of incident:	
	Subgrant or Contract: Contact person(s): Telephone: Brief description of incident:	
Disclosure of Contract Default * (preceding 3 years)	Has Applicant or contractor defaulted on contract(s)?	☐No ☐ Yes (If yes, complete information below)
	Contract or subcontract: Contact person: Telephone: Brief description of incident:	
	Contract or subcontract: Contact person: Telephone: Brief description of incident:	
	Contract or subcontract: Contact person: Telephone: Brief description of incident:	

**Failure to disclose such matters may result in rejection of the application or in termination of any subsequent subgrant. This is a continuing disclosure requirement. Any such matter commencing after submission of an application must be disclosed in a timely manner in a written statement to DHHS.*

Audited Financial Statement	1. Does the agency currently hold a contract with DHHS? ☐ Yes (go to #2) ☐No (go to #3) 2. Has the agency submitted audit reports (or operating statement if nonprofit organization) to DHHS for the preceding three year period? ☐ Yes (no additional information is needed) ☐No (go to #3) 3. If agency responded “no” to either #1 or #2 above, provide an audited financial statement for the preceding three (3) year period as part of the proposal appendices. Nonprofit corporations whose previous funding level has not required an audited financial statement shall submit a year end operating statement and balance sheet for the preceding three (3) year period and a current operating statement in lieu thereof.

Attachment D: Management Plan

The Management Plan describes the procedures for successfully managing the Work Plan and Budget for the subgrant. Charts, tables and flow charts are particularly helpful in developing a Management Plan and to clearly communicate the Management Plan to members of the Evaluation Committee. **Respond in the space below each component. The space will expand as information is typed into the table. Include charts or tables that support the narrative. At a minimum, attach an organizational chart of the Applicant organization.**

Component	Instructions
1. Background & Demonstrated Effectiveness & Experience	a. In narrative format, include the Applicant's background that has prepared them for this work. b. If contractors are identified, the Applicant should provide any previous experience working with and managing contractors.
2. Policies, Procedures and applicable requirements.	Identify policies, procedures, orders, or other key instructions that represent a basic framework to be used in the implementation and monitoring of the grant-funded activities. Depending on the nature of the Work Plan, describe applicable requirements and how those will be addressed, i.e. confidentiality and security of records, clinic licensure, scope of practice/supervision of medical personnel, quality assurance, a plan to achieve compliance with the four mandated National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) in Appendix 4. Describe compliance with those identified.
3. Fiscal Management	a. Describe the Applicant's fiscal and administrative ability to administer grant funds. At a minimum, this should include a clear statement about the qualifications of staff responsible for accounting / financial reporting.
4. Program Management	a. Describe how the scope of work and basic program requirements described in the application will be successfully managed and completed. b. If a position is vacated, describe how the Applicant would continue to provide services or perform activities until a qualified replacement is hired; c. Describe how contractors will be monitored for compliance with state and federal requirements.

5. Quality improvement process	Describe the Applicant's quality improvement processes and plans for monitoring the grant, including: a. Reviews to monitor services or activities and participant / stakeholder satisfaction; b. Methods used for overseeing that activities are performed, monitored and evaluated based on a proven strategies and/or evidence-based approach, and c. Procedures for implementing corrective action.
6. Training and development	a. Describe all leadership development and continuing professional education opportunities for staff. b. Describe the commitment of your organization to and involvement in staff development.
7. Community partnerships	Describe the Applicant's capacity to engage community partners in planning and implementing activities.
8. Start-up activities	Describe the Applicant's plans to start-up and begin implementation of services or project activities.
9. Sustainability of activities	Sustainability of activities is critical in identifying the best strategies to improve long-term health outcomes. Applicant must describe activities that will maximize and coordinate existing resources acquire additional resources in the future (if applicable), and/or maintain work products developed through the project.

Attachment E: Personnel Detail

For each position, describe the scope of responsibility specific to the subgrant. Depending on the nature of the position in the subgrant, further describe for each position its connection to the objectives/activities of the *Work Plan* or the *Management Plan*.

Key personnel positions are defined in the table, below. For key personnel positions that are currently vacant, write "vacant" and indicate the anticipated date of hire in the name block on the form.

Key Personnel	Definition
Executive Director or similar title	Name, experience and license number as applicable - Complete and provide the name of the person who has overall responsibility and authority for administering the program in which the entity is applying for the funds.
Program Administrator/MCH Coordinator	Name, experience, license number as applicable - Complete the table by providing the name of the individual with direct day-to-day responsibility for this program.
Fiscal Director	Name, experience, license number as applicable. Complete the table by providing the name of the individual with overall responsibility and authority for financial management of this program.

Key Personnel:

Expand table as necessary

Title/Position Description	Name	Applicant Staff or Contractor	Credentials/ License #	Expertise/ Experience
1.				
Describe its connection to Work Plan and/or Management Plan:				
2.				
Describe its connection to Work Plan and/or Management Plan:				
3.				
Describe its connection to Work Plan and/or Management Plan:				

4.				
Describe its connection to Work Plan and/or Management Plan:				

Additional Personnel:

Expand table as necessary

Title/Position Description	Name	Applicant Staff or Contractor	Credentials/ License #	Expertise/ Experience
1.				
Describe its connection to Work Plan and/or Management Plan:				
2.				
Describe its connection to Work Plan and/or Management Plan:				
3.				
Describe its connection to Work Plan and/or Management Plan:				
4.				
Describe its connection to Work Plan and/or Management Plan:				

Attachment F: Contractor Information

List all individuals and/or organizations that are proposed as contractors, under the grant funds, to provide services to the Applicant. Include all of the following information for each contractor. Expand the table as necessary.

1. Name of contractor	
a. Organizational affiliation, if applicable	
b. Nature of services to be rendered	
c. Relevant of service to the Work Plan	
d. Basis of the fee	
e. Projected expense (travel, per diem, other associated costs)	
2. Name of contractor	
a. Organizational affiliation, if applicable	
b. Nature of services to be rendered	
c. Relevant of service to the Work Plan	
d. Basis of the fee	
e. Projected expense (travel, per diem, other associated costs)	
3. Name of contractor	

a. Organizational affiliation, if applicable	
b. Nature of services to be rendered	
c. Relevant of service to the Work Plan	
d. Basis of the fee	
e. Projected expense (travel, per diem, other associated costs)	

Attachment G: Personnel Cost Worksheet

This is an embedded image of an Excel worksheet. To access the file to use in an application, visit www.dhhs.ne.gov/TitleV_MCH.

Personnel Cost Worksheet

INSTRUCTIONS: Notice the two sections "For the Organization" and "Allocable to Grant Project". The # of hours for an employee may, or may not, have the same value in both sections. **For each employee, enter data in cells highlighted yellow.** Values in protected cells will calculate based on entered data. Transfer the totals for column **J** and column **K** to the Budget Justification and the Budget & Expense worksheets.

Full-time equivalent (FTE) is a unit to measure workload. 1.0 FTE is equivalent to full-time (100%) or 2,080 hrs/yr. 0.50 FTE is half-time (50%). **Example:** Worker is hired 0.50 FTE (1,040 hours) @ $24,000 to work on both grant and non-grant activities. It is anticipated that the employee will work 310 hours on grant activities, which is 0.30 FTE, or 30%, for the grant. The salary/wage budgeted for the grant for that employee is $7,153.85. Fringe benefits calculate based on the values entered. A worksheet sample is provided in the 2nd tab.

Formulas[1]	
column **D**=	column **C** divided by 2,080
column **I**=	column **H** divided by column **C**
column **J**=	column **E** multiplied by column **I**
column **K**=	column **F** multiplied by column **I**
column **G**=	column **E** plus column **F**
column **L**=	column **J** plus column **K**

[1] based on 40 hrs/wk x 52 wks/yr = 2,080 hrs/yr

A	B	C	D	E	F	G	H	I	J	K	L
		For The Organization					**Allocable to the Grant Project *(may include match)*** [2]				
Employee Name	Job Title	Annual # of Hours	Organiz-ation FTE	Annual Salary / Wage $	Annual Fringe Benefits $	Organization Salary + Fringe	# of hours for **GRANT**	FTE for **GRANT**	Salary/Wage $ for **GRANT**	Fringe Benefits $ for **GRANT**	Salary/Wage + Fringe $ for **GRANT**
Pat Smith	Project Coordinator	2080	1.00	$59,900.00	$14,900.00	$74,800.00	1250	0.60	$ 35,997.60	$ 8,954.33	$44,951.92
Terry Jones	Project Assistant	1040	0.50	$24,000.00	$ 3,000.00	$27,000.00	310	0.30	$ 7,153.85	$ 894.23	$ 8,048.08
tbd as per MOU	meeting facilitator	500	0.24	$ 6,000.00		$ 6,000.00	300	0.60	$ 3,600.00	$ -	$ 3,600.00
		0	0.00			$ -		0.00	$ -	$ -	$ -
		0	0.00			$ -		0.00	$ -	$ -	$ -
		0	0.00			$ -		0.00	$ -	$ -	$ -
		0	0.00			$ -		0.00	$ -	$ -	$ -
		0	0.00			$ -		0.00	$ -	$ -	$ -
							1860	1.50	$ 46,751.44	$ 9,848.56	$56,600.00
									TOTALS		

2 This worksheet is not intended to show calculations for vendor services in contract(s). The nature of the relationship should be clear; i.e. contractors are not employees of the subrecipient. Any contract under the subgrant should be described in the Budget Justification, including the basis for the fee which may include costs for personnel services.

Attachment H: Match calculation

This is an embedded image of an Excel worksheet. To access the file to use in an application, visit www.dhhs.ne.gov/TitleV_MCH.

INSTRUCTIONS: In the cells highlighted yellow, enter the value of "total project costs" and "match" (cash and/or in kind) from the budget. The minimum match required is 20% of total project costs. The calculation result will display when data is entered. If the minimum match is not budgeted, adjust budget accordingly.

total costs – match = grant request					data source/calculation
1	total project costs	$	181,000.00		budget
2	match	$	37,000.00		line 2a + line 2b
3	subgrant request	$	144,000.00		line 1 - line 2
4	% match		20.44%		line 2 ÷ line 1
			OK for minimum match.		
2a	cash	$	29,500.00		budget
2b	inkind	$	7,500.00		budget

Attachment I: Budget Justification

Applicant shall use the *Budget Justification* to subsequently prepare the *Line Item Budget* (ATTACHMENT J). The *Budget Justification* provides critical information to the Evaluation Committee. This sample is brief and incomplete, and is intended to illustrate the relationship between the *Personnel Cost Worksheet* (ATTCHMENT G), the *Budget Justification* and the *Line Item Budget* (ATTACHMENT J). Cost categories and line items are provided as examples only; **the category headings and line items may be edited to fit the unique characteristics of the Applicant organization.** Unused cells may be deleted, or cells may added as needed. Applicant shall utilize a similar methodology to describe and show the calculations for the $ amount in the budget for entries not represented in the following table. **Prepare a budget for the fiscal year.** If similar, copy the Year 1 budget to paste and modify it for the Year 2 budget. Indicate in the checkbox box the relevant fiscal year.

☒FY 2015 (October 1, 2014 – September 30, 2015)
☐FY 2016 (October 1, 2015 – September 30, 2016)

100 PERSONNEL	This category includes all personnel costs (paid as salary or hourly wage) for actual hours worked, paid vacation, sick, holiday and other compensated time off, and fringe benefits.			
100.1 Salary / Wage	$ 36,000.00	☒grant	☐match	*Enter the total amount from the Personnel Cost Worksheet (Attachment H) which details the salaries/wages for each position.*
If match, identify the type and source:				
Describe any anticipated changes to personnel costs; such as a need to increase/decrease staff, pay increases, etc. Pat Smith, Project Coordinator, is 1.0 FTE, of which 60% is projected for the grant. A 2% cost of living increase is budgeted, and is shown in the FY 2016 budget.				
100.1 Salary / Wage	$ 7,153.85	☐grant	☒match	
If match, identify the type and source: This is cash matching, and the source is the Community Partnership Grant awarded to Applicant by the ABC Foundation. Terry Jones, Project Assistant, is .50 FTE, of which 30% is projected for this project.				
Describe any anticipated changes to personnel costs; such as a need to increase/decrease staff, pay increases, etc. A 2% wage increase is budgeted, and is shown in the FY 2016 budget.				
100.1 Salary / Wage	$ 3,600.00	☐grant	☒match	*Show or describe how value is assessed to the third-party contributions.*
If match, identify the type and source:				

This is in-kind from XYZ Community Initiatives, which commitment is described in the MOU between the parties. XYZ offers one of its employee's time to assist with meeting facilitation, based on the position's regular hourly wage. 300 hours x $12.00/hour = $3,600.			
Describe any anticipated changes to personnel costs; such as a need to increase/decrease staff, pay increases, etc.			
100.2 Fringe Benefits	$ 9,000.00	☒grant ☐match	*Fringe may include: taxes; retirement plans and insurances such as health, dental, disability, life and worker's compensation.*
If match, identify the type and source:			
Describe any anticipated changes to personnel costs; such as a need to increase/decrease staff, pay increases, etc. Pat Smith, Project Coordinator, is paid the following benefits, each shown as the allocable portion for this grant project: (show calculations)			
100.2 Fringe Benefits	$ 894.23	☐grant ☒match	
If match, identify the type and source: This is cash matching, and the source is the Community Partnership Grant awarded to Applicant by the ABC Foundation.			
Describe any anticipated changes to personnel costs; such as a need to increase/decrease staff, pay increases, etc. Terry Jones, Project Assistant, is paid the following benefits, each shown as the allocable portion for this grant project: (show calculations)			
200 RECRUITMENT & DEVELOPMENT	This category contains a variety of costs associated with staff recruitment and professional development. Travel for staff development is included in the Operating category, and may be separated out from travel for program / project activities.		
200.1 Registration Fees	$	☐grant ☐match	
If match, identify the type and source:			
List the type of education/training, or name/location of meeting/conference. Show calculations for the $ amount.			

200.2 Lodging & Meals	$	☐grant ☐match	
If match, identify the type and source:			
Identify costs by training event name and location. Show calculations for the $ amount.			
200.3 Job Advertisement	$	☐grant ☐match	
If match, identify the type and source:			
List all types of advertisement methods. Show calculations for the $ amount.			
200.4	$	☐grant ☐match	
If match, identify the type and source:			
Show calculations for the $ amount.			
300 OPERATING	This category includes a variety of costs associated with administering the business of an organization on a day-to-day basis. Supplies mean all tangible personal property other than equipment as defined in that category.		
300.1 Project supplies	$ 145.00	☒grant ☐match	*Program supplies may include participation incentives, name badges, etc. Food is allowable in this item if it is essential in the performance of the award, it is reasonable, and in keeping with Applicant's business policy.*
If match, identify the type and source:			
List all types of supplies necessary for implementation of project or program activities. Show calculations for the $ amount. Reusable plastic sleeve name badges $ 45.00 Coffee and tea $ 100.00			
300.2 Office supplies	$ 275.00	☒grant ☐match	*Office supplies often include items such as paper, printer ink, copier toner, pens, etc.*
If match, identify the type and source:			
List all types of office supplies necessary and specific to this grant. Show calculations for the $ amount. Paper – 12 reams x $7.50/ream $ 90.00			

Markers – 2 packets x $5.00/pack $ 10.00 Printer (color) ink – 1 value packs $ 45.00 Copier toner – 1 cartridge $ 130.00				
300.3 Education Material	$ 700.00	☒grant	☐match	*Curriculum and materials for educational purposes, and/or public information*
If match, identify the type and source:				
List all types of supplies. Show calculations for the $ amount. Discussion guides: $3.50 each x 200 = $700 $ 700.00				
300.4 Rent, Utilities & Janitorial Services	$	☐grant	☐match	
If match, identify the type and source:				
List all types of supplies. Show calculations for the $ amount.				
300.5 Insurance	$	☐grant	☐match	*Non-personnel insurances, e.g. auto and property.*
If match, identify the type and source:				
List all types of non-personnel insurance. Show calculations for the $ amount.				
300.6 Audit/Related Svcs	$	☐grant	☐match	
If match, identify the type and source:				
Show calculations for the $ amount.				
300.7 Rental Equipment	$ 225.00	☒grant	☐match	*Rental equipment may include copier, postage meter, and other items that are rented due to maintenance, length of use, or other factors for which a purchase is not as desirable*
If match, identify the type and source:				
Show calculations for the $ amount. Copier: $450 based on 3,000 copies/month for Applicant; 1,000 copies for this project,				

allocable costs $ 150.00 Postage meter: (etc.) $ 75.00			
300.8 Meeting Facilities	$ 1,685.00	☐grant ☒match	
If match, identify the type and source: In-kind from local community college, public schools, and community center to hold community organizing meetings and large public forums.			
Show calculations for the $ amount. community college – $75/hour x two 2-hour forums $ 300.00 Mason Public School - $35/hour x five 3-hour mtgs $ 525.00 Brookside Public School-$30/hour x four 3-hour mtgs $ 260.00 community center - $20/hour x ten 3-hour meetings $ 600.00			
300.9	$	☐grant ☐match	
If match, identify the type and source:			
Show calculations for the $ amount.			
300.10	$	☐grant ☐match	
If match, identify the type and source:			
Show calculations for the $ amount.			
400 COMMUNICATION	This category includes costs for all forms of communication.		
400.1 Telephone	$	☐grant ☐match	*This includes land line phone, long distance charges, and cell phone plans/service.*
If match, identify the type and source:			
Show calculations for the $ amount.			
400.2 Internet	$	☐grant ☐match	

If match, identify the type and source:			
Show calculations for the $ amount.			
400.3 Postage	$	☐grant ☐match	
If match, identify the type and source:			
Show calculations for the $ amount.			
500 TRAVEL	This category includes all program/project related travel, but does not include travel for staff development.		
500.1 Automobile	$	☐grant ☐match	*Indicate if volunteers are reimbursed for travel, or if the value is assessed a value and contributed as in-kind.*
If match, identify the type and source:			
Identify if vehicle(s) used for program travel are agency or personal. Identify mileage rates used.			
500.2 Insurance	**$**	☐grant ☐match	*Include automobile insurance here if not recovered in the mileage rate or under Operations.*
If match, identify the type and source:			
Identify types of travel, e.g. air, automobile. For travel by automobile, identify if vehicle(s) used for program travel are agency or personal. Identify mileage rates used, purpose(s) of travel.			
500.3	$	☐grant ☐match	
If match, identify the type and source:			
Show calculations for the $ amount.			
500.4	$	☐grant ☐match	
If match, identify the type and source:			

Show calculations for the $ amount.			
500.5	$	☐grant ☐match	
If match, identify the type and source:			
Show calculations for the $ amount.			
500.6	$	☐grant ☐match	
If match, identify the type and source:			
Show calculations for the $ amount.			

600 EQUIPMENT	Equipment means tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. Organizations may use own definition, provided that such definition would at least include all equipment defined above.		
600.1 Computer	$ 1,300.00	☒grant ☐match	*This may include hardware and software, and printing device used with computers.*
If match, identify the type and source:			
Show calculations for the $ amount. Purchase of 1 laptop, includes basic software $900.00 Software to assist with organizing meetings $250.00 Portable printer 150.00			
600.2 Office Furniture	$ 1,500.00	☐grant ☒match	*This may include desk, chair, bookcase, etc. Rental of office equipment, e.g. copier, may be under Operating.*
If match, identify the type and source: In-kind donation by local office supply company. Assessed value is retail price.			
Show calculations for the $ amount. new desk and chair 500.00 used conference table with 12 chairs 1,000.00			

600.3	$	☐grant ☐match	
If match, identify the type and source:			
Show calculations for the $ amount.			
600.4	$	☐grant ☐match	
If match, identify the type and source:			
Show calculations for the $ amount.			
600.5	$	☐grant ☐match	
If match, identify the type and source:			
Show calculations for the $ amount.			
600.6	$	☐grant ☐match	
If match, identify the type and source:			
Show calculations for the $ amount.			
700 CONTRACTUAL	This category is for any contract agreement(s) that Applicant plans to enter into as part of the proposed work. This may include contractual services as relevant to the work plan.		
700.1 (Contractor)	$	☐grant ☐match	
If match, identify the type and source:			

Refer to Attachment G to describe the calculations for this named contractor.			
700.2 (Contractor)	$	☐grant ☐match	
If match, identify the type and source:			
Refer to Attachment G to describe the calculations for this named contractor.			
700.3 (Contractor)	$	☐grant ☐match	
If match, identify the type and source:			
Refer to Attachment G to describe the calculations for this named contractor.			
700.4	$	☐grant ☐match	
If match, identify the type and source:			
Show calculations for the $ amount.			
700.5	$	☐grant ☐match	
If match, identify the type and source:			
Show calculations for the $ amount.			
700.6	$	☐grant ☐match	
If match, identify the type and source:			
Show calculations for the $ amount.			
800 INDIRECT COST	If claiming indirect costs, identify the base used in establishing the rate, state the rate, and show the calculation leading to the budget of indirect costs in this category / line item. Attach a copy of a negotiated rate agreement.		
800.1	$ 10,450.47	☒grant ☐match	

			See
If match, identify the type and source:			
Show calculations for the $ amount. See Negotiated Rate Agreement attached. The provisional rate of 19.7% is applied to the base (grant salary + fringe benefits = $53,048.08). $53,048.08 x .197 = $10,450.47			

Attachment J: Line Item Budget

This sample is brief and incomplete, and is intended to illustrate the relationship between the *Personnel Cost Worksheet* (ATTCHMENT G), the *Budget Justification* (ATTACHMENT I), and the *Line Item Budget* (ATTACHMENT J). The categories, line items, and $ amounts from the *Budget Justification* (ATTACHMENT I) are brought into *Line Item Budget* (ATTACHMENT J).

ABC Organization			
Budget Line Items	ORIGINAL approved budget		
	Subgrant Funds	Match	
		Cash	In-kind
100 PERSONNEL			
100.1 Wage-Project Coord	$ 35,997.60	$ -	$ -
100.1 Wage-Project Asst	$ -	$ 7,153.85	$ -
100.1 Wage-Mtg Facilitator	$ -	$ -	$ 3,600.00
100.2 Benefits-Project Coord	$ 8,954.33	$ -	$ -
100.2 Benefits-Project Asst	$ -	$ 894.23	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
300 OPERATING			
300.1 Project Supplies	$ 145.00	$ -	$ -
300.2 Office Supplies	$ 275.00	$ -	$ -
300.3 Education Materials	$ 700.00	$ -	$ -
300.7 Rental Equipment	$ 225.00	$ -	$ -
300.9 Meeting Facilities	$ -	$ -	$ 1,685.00
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
600 EQUIPMENT			
600.1 Computer	$ 1,300.00	$ -	$ -
600.2 Office Furniture	$ -	$ -	$ 1,500.00
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -